

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Pike
Permit #: _____
Driller: J.C. Sumrall
Date drilling completed: 11/25/05

For Office Use Only:
Aquifer: _____
Well #: M-99
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Augustine Galloway</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"
Mailing Address: <u>1056 Tate Rd</u> <u>Osyka, MS 39657</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>1n</u> Rng <u>9c</u>
Telephone No. <u>508 813-9117</u>	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Osyka MS</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 11/25/05 Date well drilling completed: 11/25/05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 11/25/05

Method of Measurement (circle one): steel tape electric tape air line other: _____

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 95 feet to 105 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

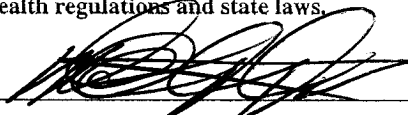
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Jordan Well Ser. 0-508
Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

M-99

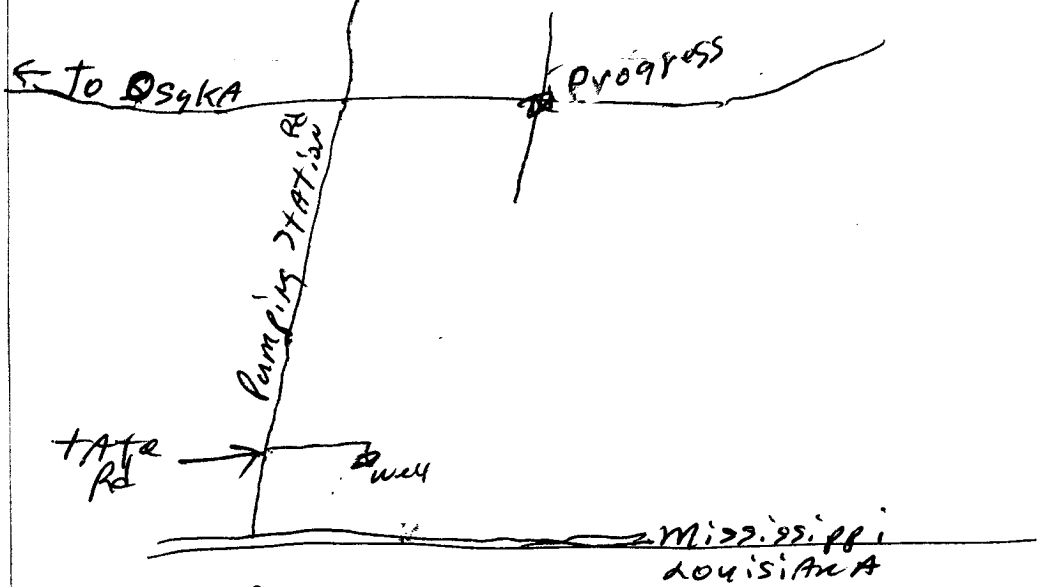
Ground Level

Large empty rectangular box for sketching well telescopes.

Description of Formations Encountered	From	To
Top Soil	0	1
SANDY CLAY	1	60
SAND	60	105

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Augustine Galloway

Handwritten signature of the Water Well Contractor and the text 'Signature of Water Well Contractor'.

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BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: M-99
 Elevation: _____

County: Pike
 Permit #: _____
 Driller: J.C. Sumner
 Date completed: 11/25/05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

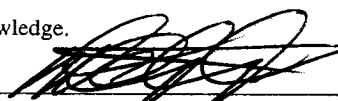
Well Owner Information	Well Location
Owner Name: <u>Augustine Galloway</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1056 Tate Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Osyka, Ms.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>1</u> Rng <u>9</u>
Telephone No. <u>509 813-9117</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>E</u> of <u>Osyka, Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>11/25/05</u>	Setting Depth: <u>95</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/25/05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	_____ feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jordan Well Ser. O-508
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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 DEC 02 2005
 BY: OLWR