

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)

For Office Use Only:

Aquifer: _____
Well #: A-72
L. S. Elevation: _____
E-log #: _____

County: DeSoto
Permit #: 0W41426
Driller: Dellal Millie of Trince
Date drilling completed: 10/12/06

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>Clay Waddington</u>	Latitude: <u>34° 25' 53" N</u> Longitude: <u>90° 16' 46" W</u>
Mailing Address: <u>200 Waddington Rd Sledge MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Sledge</u> State: <u>MS</u> Zip Code: _____	<u>NE</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> ¼ <u>SW</u> ¼ Sec <u>32</u> Twn <u>T09</u> Rng <u>R10W</u>
Telephone No. (____) _____	Distance: <u>4</u> Miles Direction: <u>W</u> of Nearest Town: <u>Sledge MS</u>

Well Data

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

Date well drilling started: 10-12-06 Date well drilling completed: 10-12-06

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 10-13-06

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

Hole depth: 101 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 0.35 inches Setting depth: From 60 feet to 100 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: VISUAL

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.

ALAN PYLE 0674
Print Name of Water Well Contractor and License No.

Alan Pyle
Signature of Water Well Contractor

RECEIVED
NOV 06 2006
BY: OLWR

09/07/2007 08:47 FAX 6626274757

CIRCLE S IRRIGATION

005/007

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)

County: Quitman
 Permit #: _____
 Driller: DELTA PUMPING OF MISSISSIPPI
 Date completed: 10-12-06
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A-72
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>CLAY WADDINGTON</u>	Latitude: <u>34.25.8834</u> Longitude: <u>090.16.7644</u>
Mailing Address: <u>ZOO WADDINGTON RD</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>53</u> <u>46</u>
<u>SLEDGE MS 38670</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>1/4</u> <u>1/4</u> Sec <u>32</u> T <u>7S</u> R <u>10W</u>
Telephone No. <u>(662) 382-7902</u>	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>SLEDGE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horae Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>8-10-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>850</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>31</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVID P. HOLT 0-752P
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

Job # 6543