

State Well Report

Part I

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:

Applicator: _____
 Well #: C-65
 L. S. Elevation: _____
 B-log #: _____

County: QUITMAN
 Permit #: GW 40162
 Driller: DELTA DRILLING
 Date drilling completed: 3-29-05

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>LAYTON PHELPS</u>	Latitude: <u>N 34° 23' 715"</u> Longitude: <u>W 90° 15' 444"</u>
Mailing Address: <u>P.O. Box 207</u> <u>CRENSHAW</u>	Method of Lat/Long (circle one): Conventional Survey. USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>MS</u> <u>38621</u> City State Zip Code	SW <u>4</u> SE <u>4</u> Sec. <u>9</u> Twn <u>8S</u> Rng <u>10W</u>
Telephone No. <u>(662) 382-7804</u>	Distance <u>1/4</u> Miles Direction <u>WEST</u> of Nearest Town <u>ALCORN MS</u>

Well Data

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

Date well drilling started: 3-29-05 Date well drilling completed: 3-29-05

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

Static Water Level: 14 FT feet above or below (circle one) land surface Date measured: 2-5-05

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

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

Type of grout (circle one): Cement BenOnite Mix

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

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC SLOTTED

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 PYKE 0674 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

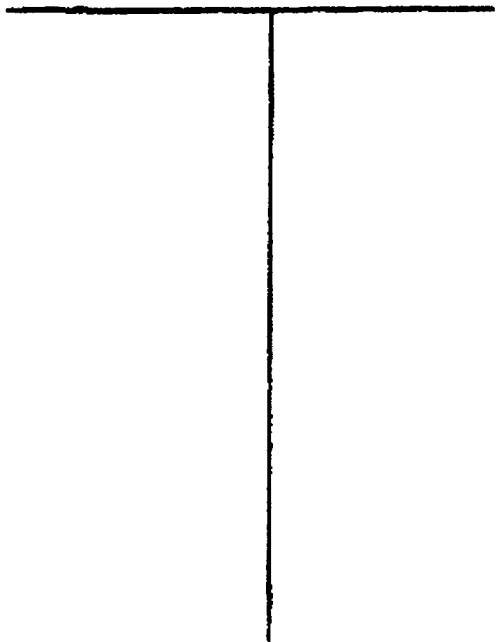
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GW 40162

C-65

If well telescopes please sketch below and show depths.

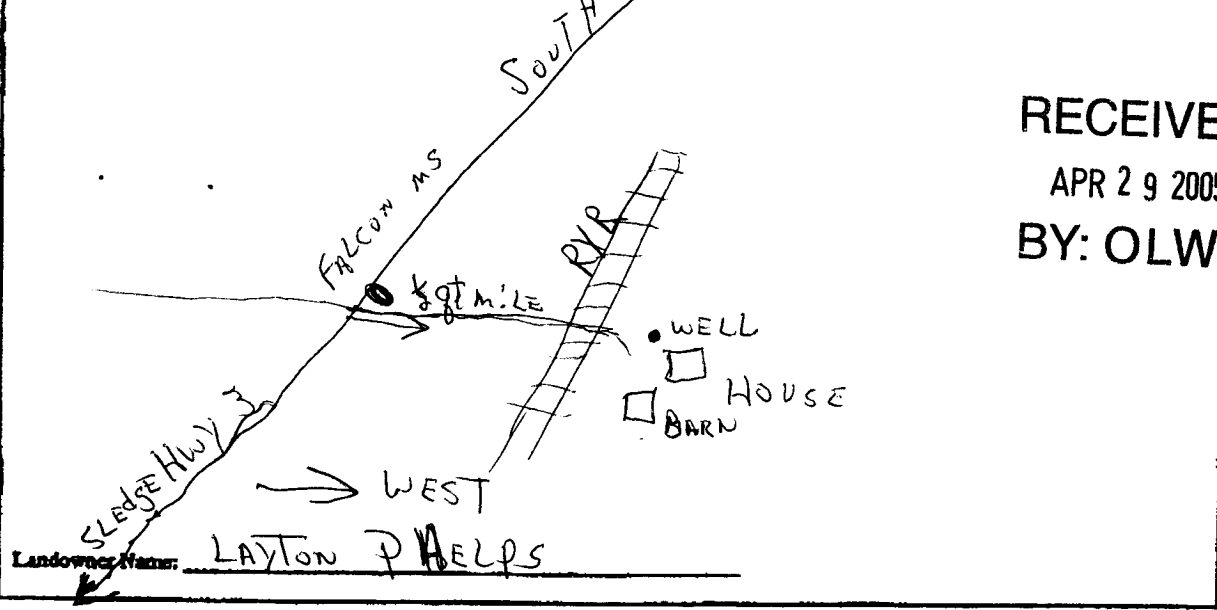
Ground Level



Description of Formations Encountered	From	To
CLAY	0	45
COURSE SAND + GRAVEL	45	100

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.



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Signature of Water Well Contractor

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 39219-0631
(601)961-5210
(601)334-6938 (fax)

For Office Use Only:

Applier: _____

Well #: C-65

Elevation: _____

County: OLITMAN
Permit #: GW40162
Driller: Delta Drilling
Date completed: 3-30-05

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>Layton Phelps</u>	Latitude: <u>34 23 715</u> Longitude: <u>090 15 444</u>
Mailing Address: <u>P.O. Box 207</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Chesapeake MS 39621</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4 Sec 9 Twp 8 S, Rng 10 W</u>
Telephone No.: <u>(601) 382-7804</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>4</u> Miles <u>W</u> of <u>Abbeville</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input type="checkbox"/> <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Manual Op: _____
Bucket: _____ Piston: _____ Turbine: _____	<u>Electric Motor</u> _____ Hand: _____ Tractor PTO: _____
Centrifugal: _____ Rotary: _____ Flowing Well: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>3-30-05</u>	Setting Depth: <u>55</u> feet
Rated Pump Capacity: <u>950</u> Gallons Per Minute	Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line: _____ Electric Measuring Line: _____ <u>Stand Pipe</u>
Static Water Level (A): _____ 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.

ALAN PYKE
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer