

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:

Applic: C92
 Well #: B-26
 L. S. Elevator: _____
 Ring #: _____

County: QUINCY
 Permit #: MS-60-40272
 Driller: Delta Drilling & Service, Inc.
 Date drilling completed: 5-18-05

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>Al Addison</u>	Latitude: <u>34° 23' 28"</u>	Longitude: <u>90° 16' 52"</u>	
Mailing Address: <u>P.O. Box 99</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Sledge ms. 38570</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: <u>Sledge</u> State: <u>MS</u> Zip Code: <u>38570</u>	NE 1/4 SW 1/4 Sec: <u>8</u> Twp: <u>29N</u> Rng: <u>10W</u>		
Telephone No. <u>(662) 487-3955</u>	Distance: <u>4</u> Miles Direction: <u>West</u> Nearest Town: <u>Sledge ms</u>		
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>5-18-05</u>		Date well drilling completed: <u>5-18-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>11</u> feet above or below (circle one) land surface Date measured: <u>8-19-05</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>105</u> Well depth: <u>100 ft</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one) Cement <u>Bestonite</u> Mix			
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>50</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet			
Type of completion (circle all applicable): <u>Gravel packing</u> Underreamed Telescopes 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: <u>VISUAL</u>			
Name of organization running logs: _____			
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.			
<u>ALAN PYLE 0674</u>		<u>Alan Pyle</u>	
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.

GW40272

B-26 C92

Ground Level

Description of Formations Encountered	From	To
CLAY	0	50
COURSE SAND	50	65
GRAVEL	65	105

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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: _____

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 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: QUITMAN
 Permit #: GW 40272
 Driller: DELTA DRILLING & TOWER INC
 Date completed: _____

For Office Use Only:

Aquifer: C92
 Well #: B-26
 Elevation: _____

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

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Well Owner Information	Well Location
Owner Name: <u>Al Alderson</u>	Latitude: <u>34°23' 984</u> Longitude: <u>90-16-862</u>
Mailing Address: <u>P.O. Box 99</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sledge MS 38570</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 8 Twn 29N Rng 11W</u>
Telephone No. <u>(662) 487-3955</u>	Distance Direction Nearest Town <u>4 Miles W of SLEDGE MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <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): _____	Horse Power Rating of Motor: <u>90</u>
Date Pump Installed: <u>5-18-05</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>3000</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>11</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.

ALAN DYLE _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer