

12/01/2006 10:37 6626869078  
011-89-2006 10:57 From: MID SOUTH WATER

YMD JOINT MGMT DIST  
6626431717 To: 6626869078

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# 541  
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County Quitman  
 Permit # GW-41331  
 Driller Shane Partridge  
 Date drilling completed 9-28-06

**State Well Report**  
 Part 1 - Driller's Log  
 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 # E-70  
 L.S. Elevation \_\_\_\_\_  
 Ring # \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner          (Landowner if borehole is not for a water well)          Owner Name <u>Mark's Duck Club</u>          Mailing Address: <u>P.O. Box 367</u>  <u>Mark's</u> <u>MS</u> <u>38646</u>          City State Zip Code          Telephone No. <u>(662) 326-2941</u></p>	<p>Well or Borehole Location          Latitude: <u>N 34.19 12.1"</u> Longitude: <u>W 90.20 48.9"</u>          Method of Lat/Long (circle one): Conventional Survey          USGS quad (Hand-held GPS) Survey grade GPS  <u>North</u> RECEIVED IN          Distance _____ Direction _____  <u>6</u> Miles North of <u>38646</u></p>
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Well / Borehole Data

Date drilling started: 9-27-06 Date drilling completed: 9-28-06 Hole depth: 110 ft

Location of the source of any surface water used for drilling: Bayou

Method of casing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, ship the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 110.3 feet above or below (circle one) land surface Date measured: 10/17/06

Method of Measurements (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Densolite Mix

Casing length: 60 feet Casing diameter: 6 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 6 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 110 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 next page*

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### 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 # E-70

Elevation:

County Quitman  
 Permit # OW-41331  
 Driller Mike wells  
 Date completed: 10-7-06  
 Copy Information from Hook on Part 1

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>Self and Company</u>	Latitude: <u>N 34° 19' 17" Longitude: <u>W 89° 20' 48" W</u></u>
Mailing Address: <u>P.O. Box 362</u>	Method of Locating (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>MARKS</u> <u>MS</u> <u>38646</u> City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 326-2841</u>	<u>6</u> Miles <u>North</u> of <u>Belen</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Plunger <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>70</u>
Date Pump Installed: <u>10-7-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>16.3"</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) (A): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Christman 0-703  
Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman  
Signature of Pump Installer