

GW

County: Quitman
 Permit #: 0368
 Driller: Joel Jumper
 Date drilling completed: 6/24/06

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 #: H-140
 L. S. Elevation: _____
 E-log #: _____

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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>		Well or Borehole Location	
Owner Name: <u>INFOLAB</u>	Latitude: <u>34° 10' 25" N</u>	Longitude: <u>090° 19' 25" W</u>	
Mailing Address: <u>P.O. Box 1309</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>		
<u>Clarksdale MS 38614</u>	USGS quad: <u>SW 1/4 NE 1/4 Sec 30 Twn 27N Rng 10W</u>		
City State Zip Code	Distance: <u>10</u> Miles	Direction: <u>SW</u> of	Nearest Town: <u>Cambert</u>
Telephone No. <u>662 627-2283</u>			
Well / Borehole Data			
Date drilling started: <u>6/24/06</u>	Date drilling completed: <u>6/24/06</u>	Hole depth: <u>100'</u>	Hole diameter: <u>16"</u>
Location of the source of any surface water used for drilling: <u>supply well</u>			
Method of dosing and volume of Chlorine used in drilling and development: _____			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____			
Seismic Survey _____ Other (describe) _____			
<i>If drilling is not related to water well construction, skip the remainder of this block</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: <u>6/24/06</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Well depth: <u>100</u> Well grouted to a depth of <u>100</u> feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length: <u>60</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>40</u> feet Screen diameter: <u>12</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 packed</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

Form: OLWR-SWR-1A

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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)

County: Quitman
 Permit #: 0368
 Driller: Joel Jumper
 Date completed: 6/24/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-140
 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>INFOLAB</u>	Latitude: <u>34 10 26.0</u> Longitude: <u>090 19 22.6</u>
Mailing Address: <u>P.O. Box 1309</u>	Method of Lat/Long (check one): Conventional Survey _____, ¹⁵ <u>Hand-held GPS</u> ¹³ _____, Survey-grade GPS _____
<u>Clarksdale MS 3864</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 32 T27N R 1W</u>
Telephone No. <u>(662) 627-2283</u>	Distance Direction Nearest Town
	<u>10 Miles SW of Lambert</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6/24/06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/24/06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1800</u> Gallons Per Minute	
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.

Joel Jumper 0368 Joel Jumper
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-100
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