

County: SUITMAN  
 Permit #: GW 40304  
 Driller: Delta Valley  
 Date drilling completed: 6-2-05

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 #: J-62  
 L. & Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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.

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 JUN 23 2005  
 BY OLIVER

Well Owner Information	Well Location
Owner Name: <u>Hosay White</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5042 Danny Line Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Roseville</u> MS <u>38606</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 24 Twp 27N Rng 1E</u>
Telephone No. <u>662 563-3886</u>	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>N</u> of <u>Carroll MS</u>

Well Data

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

Date well drilling started: 6-2-05 Date well drilling completed: 6-2-05

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 6-3-05

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Rescrete Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

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

Screen slot size: .0025 inches Setting depth: From 70 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 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. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

J-62

Ground Level

GW40304

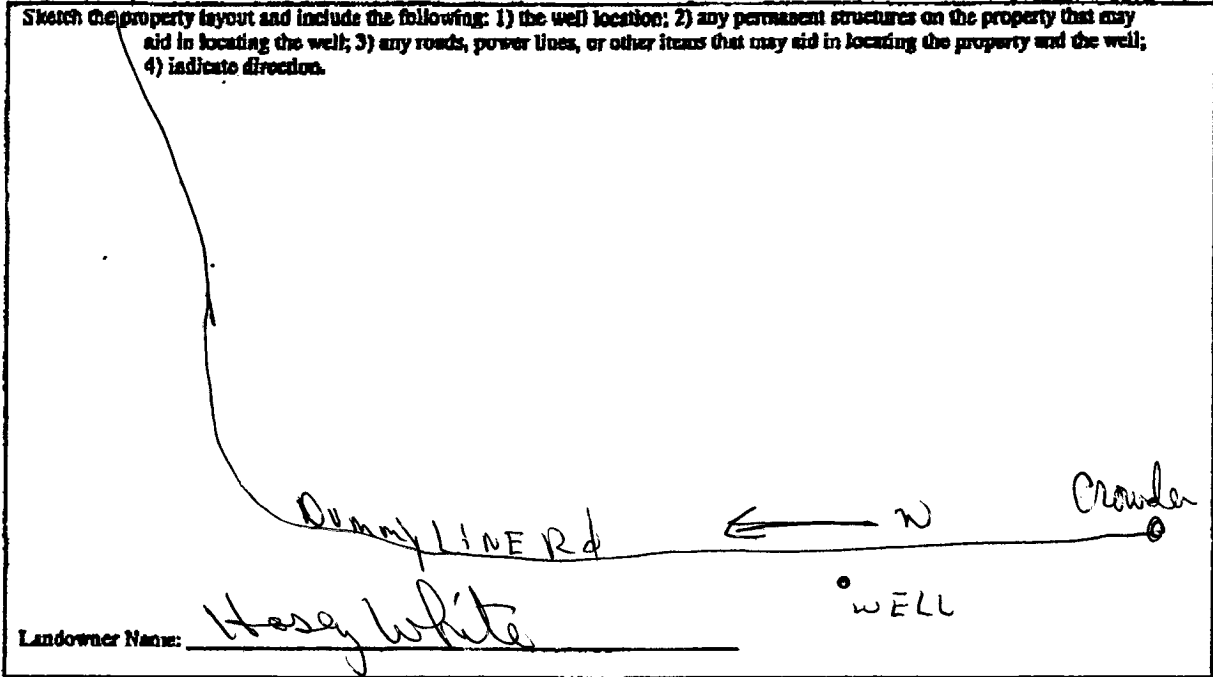


Description of Formations Encountered	From	To
Loamy Soil	0	60
7 in Sand	60	70
Coarse Sand + Gravel	70	110

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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.



*[Handwritten Signature]*

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 #: \_\_\_\_\_  
 Driller: Delta Drilling of Juice  
 Date completed: 6-2-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-62  
 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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 JUN 23 2005  
 BY: OLIVER

Well Owner Information	Well Location
Owner Name: <u>Nancy White</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>SOME AS Part 1</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NW 1/4 Sec 24 Twp 27N Rng 1E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles N of CROWDER MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket: <input type="radio"/> Piston <input type="radio"/> Turbine Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	Diesel Engine: <input type="radio"/> Gasoline Engine: <input type="radio"/> Natural Gas: <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill: <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>25</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>6-3-04</u>	
Rated Pump Capacity: <u>1150</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
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 PYLES \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer