

County: Quitman
 Permit #: GW 41357
 Driller: Pete's Well Drilling
 Date drilling completed: _____

Well Driller Report and Well 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 #: J-77
 L. S. 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.

Well Owner Information	Well Location
Owner Name: <u>Gerald White</u>	Latitude: <u>34° 09' 10" .999</u> Longitude: <u>90° 13' 46.5"</u>
Mailing Address: <u>13255 Charley Pride Rd. S</u> <u>H4</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>28</u>
<u>Vance</u> MS <u>38964</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 444-8364</u>	<u>NW 1/4 SW 1/4</u> Sec <u>31</u> Twn <u>27N</u> Rng <u>1E</u>
	Distance <u>3 1/4</u> Miles Direction <u>SE</u> of Nearest Town <u>Lambert</u>

Well Data

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

Date well drilling started: 9-25-06 Date well drilling completed: 9-25-06

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 9-25-06

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 Bentonite Mix

Casing length: 60 feet Casing diameter: 16" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: .050 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: _____

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.

Pete's Well Drilling + Pump Repair Pete Sargent
 Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

OCT 23 2006
BY: OLWF

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 #: OW 41357
Driller: Pete Well Drilling
Date completed: 9-26-06

For Office Use Only:

Aquifer: _____
Well #: J-77
Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Garland White</u>	Latitude: <u>34° 09' 99"</u> Longitude: <u>90° 13' 465"</u> <u>10 00</u> <u>28</u>
Mailing Address: <u>13255 Charlie Pride</u> <u>Highway 366th</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vicksburg MS 38964</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twn <u>27N</u> Rng <u>1E</u>
Telephone No. <u>662 444 8364</u>	Distance Direction Nearest Town <u>3 1/4</u> Miles <u>SE</u> of <u>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 12"</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>9-26-06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>18</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Pete Well Drilling & Pump Repair
Print Name of Pump Installer and License No. (if applicable) 0430

Pete Sargent RECEIVED
Signature of Pump Installer

OCT 23 2006
BY: OLWF