

County: Quitman  
 Permit #: GW 40921  
 Driller: Joel Jumper  
 Date drilling completed: 6/22/06

**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 #: K-88  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Alan Grantham</u>          Mailing Address: <u>P.O. Box 1046</u>  <u>Batesville MS 38606</u>          City State Zip Code          Telephone No. (<u>662</u>) <u>609-1692</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 08' 12.6"</u> Longitude: <u>90° 23' 53.4"</u>          Method of Lat/Long (circle one): <u>Hand-held GPS</u>          USGS quad, <u>NE 1/4 NW 1/4 Sec 10 Twp 26N Rng 2W</u>          Distance Direction Nearest Town  <u>15</u> Miles <u>SW</u> of <u>Lambert</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>6/22/06</u> Date drilling completed: <u>6/22/06</u> Hole depth: <u>115</u> Hole diameter: <u>24</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>15</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6/22/06</u>          Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____          Well depth: <u>115</u> Well grouted to a depth of <u>115</u> feet Type of grout (circle one): Neat Cement Bentonite Mix          Casing length: <u>7.5</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>75</u> feet to <u>115</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></p>	

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: 6/22/06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-88  
 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>Alan Grantham</u>	Latitude: <u>34°08'60" N</u> Longitude: <u>90°03'53" W</u>
Mailing Address: <u>P.O. Box 1046</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Batesville MS 38606</u>	_____ 1/4 _____ 1/4 Sec <u>10 T26N R2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 609-1690</u>	<u>15</u> Miles <u>SW</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</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6/22/06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>3500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/22/06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</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>3500</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

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