

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-81
 L. S. Elevation: R106
 E-log #: _____

County: DeKalb OK
 Permit #: GW40517
 Driller: Hooston
 Date drilling completed: 8/27/05

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CLIFF HEATON</u>	Latitude: <u>34° 09' 01" N</u> Longitude: <u>90° 24' 40" W</u>
Mailing Address: <u>PO BOX 158</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>LYON MS</u>	USGS quad: <u>NW 1/4 SE 1/4 Sec 4 Twp 26N Rng 2W</u>
<u>38646</u>	Distance _____ Direction _____ Nearest Town _____
City State Zip Code	Miles _____ of _____
Telephone No. <u>(602) 627-7865</u>	

Well / Borehole Data

Date drilling started: 8/27 Date drilling completed: 8/27 Hole depth: 113 Hole diameter: 24

Location of the source of any surface water used for drilling: WELL WATER

Method of dosing and volume of Chlorine used in drilling and development: 1 LB PER 1000

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, skip 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: 28 feet above or below (circle one) land surface Date measured: 8/28

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

Well depth: 113 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.030 inches Setting depth: From 73 feet to 113 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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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level \rightarrow

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0	13
FINE BROWN SAND	13	43
COARSE SAND	43	113
GRAVEL		

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) a north arrow.

Landowner Name: _____

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

PAUL POWELL 0435
Print Name of Responsible Licensee and License No.

9/5/05
Date

Paul Powell
Signature of Licensee

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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: COAHAMA OK
 Permit #: _____
 Driller: HOUSTON
 Date completed: 8/27
Copy information from block on Part 1

For Office Use Only:

Aquifer: K106
 Well #: 81
 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>CLIFF HEATON</u>	Latitude: <u>34°09.03N</u> Longitude: <u>090°24'16.4W</u>
Mailing Address: <u>PO BOX 158</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>LYON MS</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>38646</u>	<u>NW 1/4 SE 1/4 Sec -A T. 26N. 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 627-7065</u>	_____ Miles _____ of _____

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>8/27</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</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>28</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 _____ feet after _____ hours of pumping
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.

PAUL DOWELL 0435 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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