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State Well Report

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 #: L-73
L. S. Elevation: _____
E-log #: _____

County: QUITMAN
Permit #: GW-44907
Driller: J. NEWCOME 0-773
Date drilling completed: 4-8-2011

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>Bob Schiele</u>	Latitude: <u>34.09.24</u> Longitude: <u>90.15.09</u>
Mailing Address: <u>736 Walnut St</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Marks MS 38646</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 01 Twn 26N Rng 01W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>LAMBERT</u>

Well Data

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

Date well drilling started: 4-8-2011 Date well drilling completed: 4-8-2011

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hoie depth: 97 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 25 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70 feet to 95 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): _____

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34-01-10

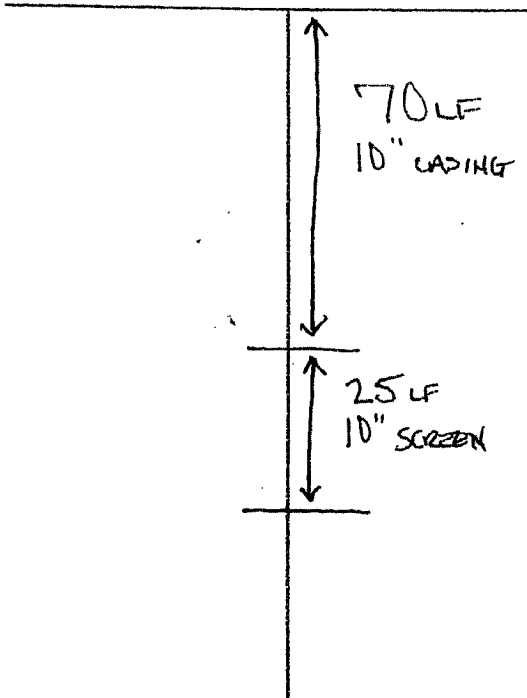
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773 [Signature]
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Pump installed by Circle S / C Larkside
Mail copy to them

If well telescopes please sketch below and show depths.

Ground Level



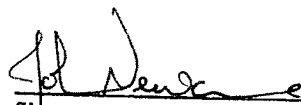
Description of Formations Encountered	From	To
TOP SOIL	0	10
CLAY	10	20
FINE/FAUL SAND	20	50
FAIR/COARSE SAND	50	70
COARSE SAND/COAGUL	70	95
BOTTOM	95	97

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.

SEE MAP!

Landowner Name: _____



 Signature of Water Well Contractor

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STATE WELL REPORT BY: OLWR

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:
Aquifer: L 73
Well #:
Elevation:

County: Quitman
Permit #: GW-44907
Driller: Chicot Irrigation
Date completed: 4-8-11
Copy information from block on Part 1

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: Bob Schiele, 736 Walnut St, Marks MS 38646
Well Location: Latitude 34° 09' 26" N, Longitude 90° 15' 05" W
Method of Lat/Long: Conventional Survey
USGS quad: SE 1/4 NW 1/4 Sec 1 T22N R1W
Distance: 3.2 Miles SE of LAMBERT

Pump Type: Submersible
Power Type: Electric Motor
Air Lift: Jet, Submersible
Bucket: Piston, Turbine
Centrifugal: Rotary, Flowing Well
Other (specify):
Date Pump Installed: 4-12-11
Rated Pump Capacity: 850 Gallons Per Minute
Diesel Engine, Gasoline Engine, Natural Gas
Electric Motor, Hand, Tractor PTO
Windmill, Other (specify):
Horse Power Rating of Motor: 15
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data
Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours
Method of Measuring Water Level: Circle one
Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head: feet
Well yielded GPM with a drawdown of feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID P. HOLT 0-752P
Signature of Pump Installer