

State Well Report

Part I

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 #: M-53
L. S. Elevation: _____
E-log #: _____

County: Quitman
Permit #: OLW 42231
Driller: Alan Pyle of Jemco
Date drilling completed: 10-11-07

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>Stanly Ramsey</u>	Latitude: <u>N/A</u> " Longitude: <u> </u> " <u> </u> "
Mailing Address: <u>P.O. Box 1640</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Altus</u> <u>ms.</u> <u>38843</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 36</u> Twp <u>26N</u> Rng <u>1E</u>
Telephone No. <u>(662) 720-3373</u>	Distance Direction Nearest Town <u>attached</u>
	<u> </u> Miles <u> </u> of <u> </u>

Well Data

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

Date well drilling started: 10-11-07 Date well drilling completed: 10-11-07

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 10-12-07

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

Hole depth: 91 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 10 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 50 feet to 90 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.

Alan Pyle
Signature of Water Well Contractor

OCT 31 2007
BY: OLWR

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)

Per Office Use Only:

Acquifer: _____
 Well #: M-53
 Elevation: _____

County: Quitman
 Permit #: OLW42231
 Driller: Betha Kelly
 Date completed: 10-12-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Shanty Remy</u> Mailing Address: <u>P.O. Box 1640</u> <u>Fulton</u> <u>Ms.</u> <u>38643</u> City State Zip Code Telephone No. <u>662, 720-3373</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>33.7</u> Longitude: <u>Location attached</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS 1/4 <u>31</u> 1/4 Sec. <u>26</u> Rng <u>1E</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-12-07</u> Rated Pump Capacity: <u>1500</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p><u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>20</u> Setting Depth: <u>50</u> feet Number of Stages: <u>2</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: _____ Static Water Level (A): _____ Foot Below Land Surface Pumping Water Level (B): _____ Foot Below Land Surface Drawdown [(B) - (A)]: _____ Foot Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>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</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ALAN PYLE Alan Pyle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 OCT 31 2007
 BY: OLWR