

AUG-19-2005 10:03 From:

6628431717

To: 360 0535

P.2/3

6/23/05

# 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 #: D-45  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County Scott  
 Permit #: 15986  
 Driller: David Canady  
 Date drilling completed: 6/18/05

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.

<b>Well Owner Information</b> Owner Name <u>Sebastapol Water Association</u> Mailing Address <u>104 Wolverton Lane</u> <u>P.O. Box 110</u> <u>Sebastapol, MS 39359</u> City State Zip Code Telephone No. <u>(601) 625-7471</u>		<b>Well Location</b> Latitude: <u>323434N</u> Longitude: <u>892009W</u> Method of Lat/Long (circle one): Conventional Survey, <u>MS Office of Geology</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> Sec <u>2</u> Twn <u>8N</u> Rng <u>9E</u> Distance Direction Nearest Town Miles of _____
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**Well Data**

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

Date well drilling started: 5/10/05 Date well drilling completed: 6/18/05

If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 182 feet above or below (circle one) land surface Date measured: 6/18/05

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

Hole depth: 606' Well depth: 606' Well grouted to a depth of 566 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 566 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 30 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Sorting depth: From 572 feet to 602 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: 512 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): MS Geological Service ELOG # D 0045

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.

*msd south water & machine works*  
Thomas G. Chrestman 0-703  
 Print Name of Water Well Contractor and License No. Thomas G. Chrestman  
Signature of Water Well Contractor

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P.3/3

**D-45**

If well telescopes please sketch below and show depths.

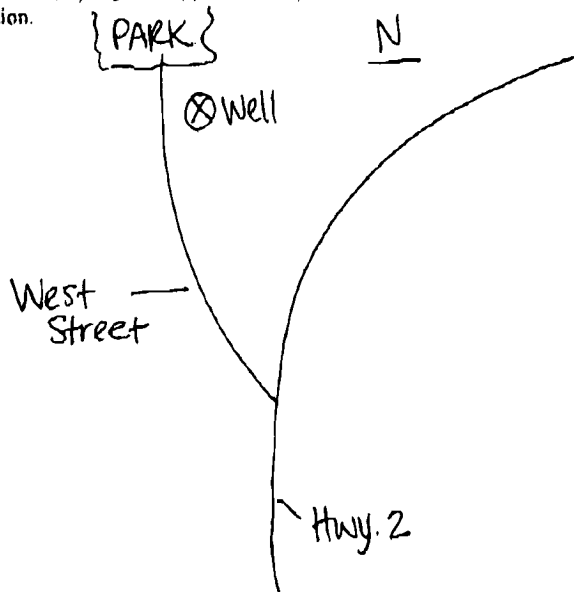
Ground Level

N/A

Description of Formations Encountered	From	To
Red & Yellow Sand	0	30
Clay	30	50
Sand with Clay Streaks	50	136
Shale with Sand Streaks	136	200
Sandy Shale with Rock Streaks	200	231
Sandy Shale	231	265
Shale with Rock Streaks	265	294
Shale with Clay & Rock Streaks	294	388
Shale with Clay Streaks	388	418
Shale with Clay & Sand Streaks	418	449
Clay with Sand Streaks	449	479
Shale with Sand & Clay Streaks	479	511
Clay with Sand Streaks	511	542
Clay Streaks and Sand	542	573
Sand with Clay Streaks	573	605
Clay	605	1016

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.



Landowner Name: Sebastapol Water Association

*Thomas G. Wheeler*  
 Signature of Water Well Contractor

JUL-29-2005 16:44 From:

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To: 360 0535

P.2/2

### 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: Scott  
 Permit #: \_\_\_\_\_  
 Driller: David Canady  
 Date completed: 6/18/05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: D-43  
 Elevation: \_\_\_\_\_

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

Well Owner Information	Well Location
Owner Name: <u>Sebastopol Water Assn.</u>	Latitude: <u>323434N</u> Longitude: <u>892009W</u>
Mailing Address: <u>104 Wolverton Lane</u> <u>P.O. Box 110</u> <u>Sebastopol, MS 39359</u>	Method of Lat/Long (circle one): <u>ms office of Geology</u> USGS quad, hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>2</u> Twp <u>8N</u> Rng <u>9E</u>
Telephone No. <u>(601) 625-7471</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>7-21-05</u>	Setting Depth: <u>454</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute <u>300</u>	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>not tested</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>182</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>n/a</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>n/a</u> feet
Drawdown ((B) - (A)): <u>n/a</u> Feet Below Land Surface	Well yielded <u>n/a</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>n/a</u> 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.  
Thomas G. Christman 0-703 Thomas G. Christman  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer