

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 #: H-37
 L. S. Elevation: _____
 E-log #: _____

County: Scott
 Permit #: _____
 Driller: Cain
 Date drilling completed: 10-5-06

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 #1

Well Owner Information	Well Location
Owner Name: <u>Boyd Ware</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1557 E. Scott Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lake</u> City <u>Ms</u> State <u>39092</u> Zip Code	<u>S</u> 1/4 <u>E</u> 1/4 Sec <u>35</u> Twn <u>7N</u> Rng <u>9E</u>
Telephone No. (601) <u>775-3004</u>	Distance <u>3</u> Miles <u>N/E</u> Direction of <u>Lake MS</u> Nearest Town

Well Data

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

Date well drilling started: 10-3-06 Date well drilling completed: 10-5-06

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 10-9-06

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

Hole depth: 78 Well depth: 78 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 58 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 58 feet to 78 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): _____

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.

Nelson Cain 0-374
 Print Name of Water Well Contractor and License No.

Nelson Cain
 Signature of Water Well Contractor

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OCT 19 2006

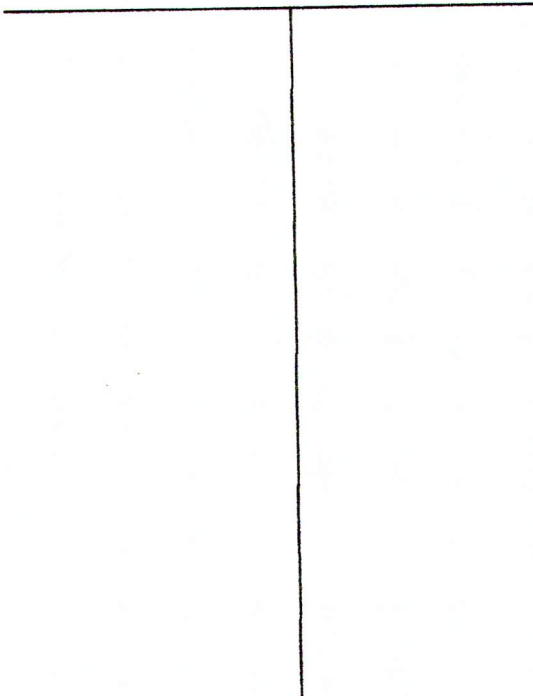
BY: OLWR

H-37

If well telescopes please sketch below and show depths.

Ground Level

Well #1



Description of Formations Encountered	From	To
Top soil & Clay	0	10
Sand	10	28

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: Boyd Ware

Nelson Cain

 Signature of Water Well Contractor

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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: Scott
 Permit #: _____
 Driller: Cain
 Date completed: 10-5-06

For Office Use Only:

Aquifer: _____
 Well #: H-37
 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 #1

Well Owner Information	Well Location
Owner Name: <u>Boyd Ware</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1557 E. Scott #1</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lake</u> <u>MS</u> <u>39092</u> City State Zip Code	<u>S</u> ¼ <u>E</u> ¼ Sec <u>35</u> Twn <u>2N</u> Rng <u>9E</u>
Telephone No. <u>(601) 775 3004</u>	Distance Direction Nearest Town <u>3</u> Miles <u>N/E</u> of <u>Lake MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10-4-06</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-4-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>19</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>21</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Nelson Cain 0-374 Nelson Cain
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 OCT 19 2006
 BY: OLWR