

State Well Report

Part 1

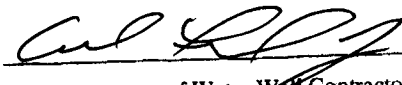
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: D-76
L. S. Elevation: _____
E-log #: _____

County: SIMPSON
Permit #: _____
Driller: Water Well Services
Date drilling completed: 12-27-05

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.

Well Owner Information		Well Location	
Owner Name: <u>Stacy Wallace</u>	Latitude: <u>32° 01' 15"</u> Longitude: <u>99° 52' 22W</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS	
Mailing Address: <u>141 Possum Alley</u>	USGS quad, <u>SW</u> ¼ <u>SE</u> ¼ Sec <u>10</u> Twn <u>2N</u> Rng <u>4E</u>	Distance _____ Direction _____ Nearest Town _____	
<u>Mendenhall</u> MS <u>39114</u>	City State Zip Code	<u>6</u> Miles <u>E</u> of <u>D.L.O.</u>	
Telephone No. <u>(601) 259-1545</u>			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Poultry Houses</u>			
Date well drilling started: <u>11-25-05</u>		Date well drilling completed: <u>12-27-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>134</u> feet above or below (circle one) land surface		Date measured: <u>12-28-05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>300'</u>		Well depth: <u>292'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>260'</u> feet		Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>26</u> feet		Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>1.008</u> inches Setting depth: From <u>260</u> feet to <u>286</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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 <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>MS. D.E.Q.</u>			
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.			
<u>Arnold Fincher Jr #0-560</u>			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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JAN 25 2006

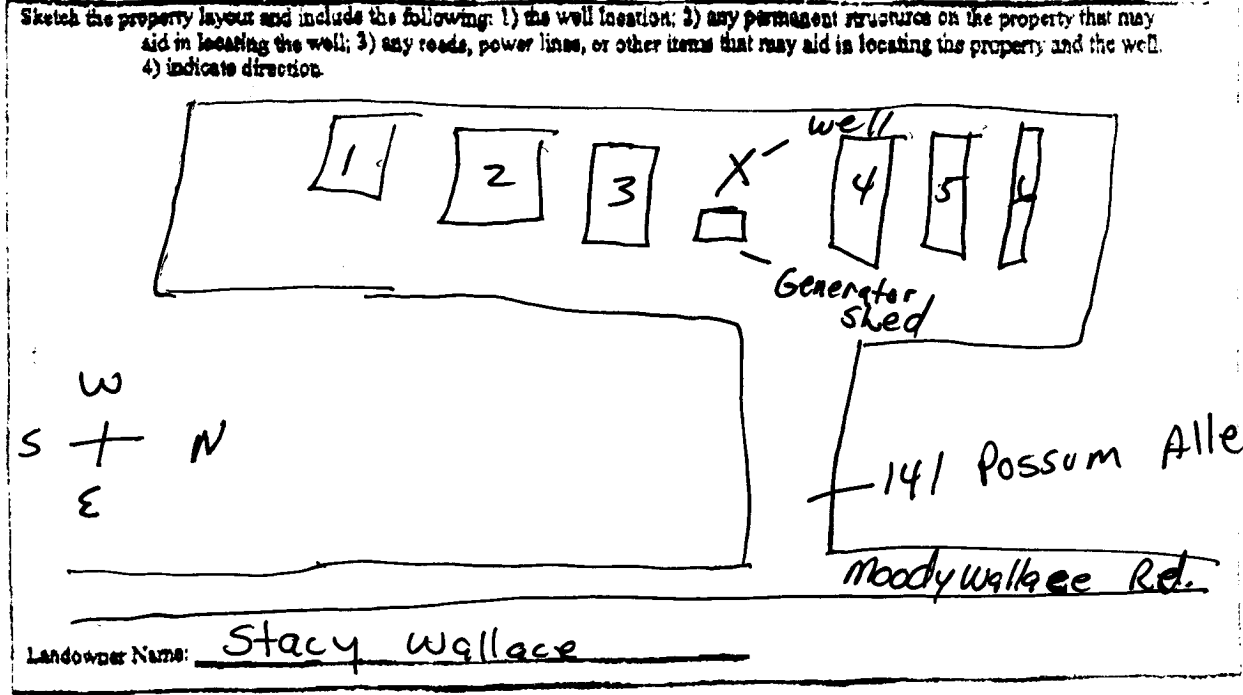
BY: OLWR

Ground Level

D-16

Description of Formations Encountered	From	To
Red Sand	0	30
Sandy Grey Clay + Sand Stone	30	75
White Fine Sand w/ wood	75	95
Grey Clay	95	185
Fine Grey Sand	185	200
Sandy Clay	200	210
Coarse Grey Sand	210	225
Grey Clay	225	260
Coarse Grey Sand	260	280
Grey Clay	280	

If more than one screen, show location of each on sketch



Cal [Signature] #0-560
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)

For Office Use Only:

Aquifer: _____

Well #: D 76

Elevation: _____

County: Simpson

Permit #: _____

Driller: Water Well Services

Date completed: 12-30-05

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>Stacy Wallace</u>	Latitude: <u>320115</u> Longitude: <u>895222W</u>
Mailing Address: <u>141 Possum Alley</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Mendenhall, MS 39114</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 10 Twn 2N Rng 4E</u>
Telephone No. <u>(601) 259-1545</u>	Distance Direction Nearest Town
	<u>6 Miles E of D.LO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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>12-28-05</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-28-05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>134</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>194</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>60</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Arnold Fincher Jr #0-560
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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JAN 25 2006
BY: OLWR