

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 #: G-41
 L. S. Elevation: _____
 E-log #: _____

County: Simpson 127
 Permit #: _____
 Driller: James Wells Inc.
 Date drilling completed: 9-7-04

James Wells Water Well Service

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>Mark Rowlett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>866 Old River Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Hamisville Ms.</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39082</u>	<u>W 1/4 N 1/4 Sec 24 R 15 E T 14</u>
Telephone No. <u>(317) 547-2385</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>5</u> Miles <u>SW</u> of <u>Longtown</u>

Well Data

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

Date well drilling started: 9-8-04 Date well drilling completed: _____

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 9-8-04

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

Hole depth: 30 Well depth: 30 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 003 inches Setting depth: From 20 feet to 30 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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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.

JAMES WELLS 0586 James Wells
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

G-41

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

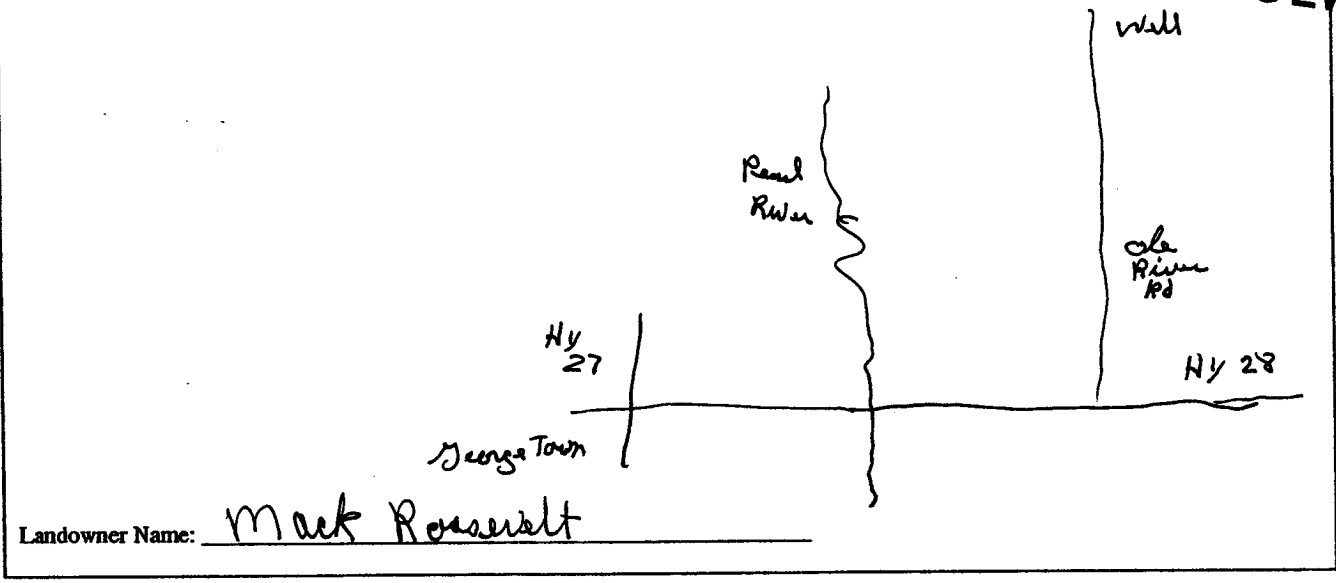
From To

Description of Formations Encountered	From	To
Top Soil	0	1
clay	1	15
Red sand	15	30

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.

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Landowner Name: Mark Rossett

James Wells
Signature of Water Well Contractor

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 #: B-41

Elevation: _____

County: Simpson
 Permit #: _____
 Driller: James Walls
 Date completed: 9-8-04

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>Mack Roosevelt</u> Mailing Address: <u>866 Ole River Rd</u> <u>Hornsville MS 39082</u> City State Zip Code Telephone No. <u>(317) 547-2385</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 N 1/4 Sec 24 Twn 1E Rng 1N</u> Distance Direction Nearest Town <u>5 Miles West of <u>Geauga Town</u></u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>9-8-04</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>25</u> feet Number of Stages: <u>11</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>10</u> Feet Below Land Surface Pumping Water Level (B): <u>25</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping

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

JAMES WALLS 0586 James Walls
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer