

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 #: N-49
L. S. Elevation: _____
E-log #: _____

County: Simpson
Permit #: _____
Driller: Water Well Service
Date drilling completed: 3-10-07

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>Joey Warren</u>	Latitude: <u>31.48.11</u> Longitude: <u>90.037</u>
Mailing Address: <u>587 Shivers Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>New Hebron, Ms 39140</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>30</u> Twn <u>10N</u> Rng <u>20W</u>
Telephone No. <u>(601) 849-6195</u>	Distance <u>6</u> Miles Direction <u>West</u> of Nearest Town <u>New Hebron</u>

Well Data

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

Date well drilling started: 1-20-07 Date well drilling completed: 3-10-07

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

Static Water Level: 83 feet above or below (circle one) land surface Date measured: 3-8-07

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

Hole depth: 500 Well depth: 265 Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 235 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.08 inches Setting depth: From 235 feet to 265 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): State Logger # N-0049

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.

Print Name of Water Well Contractor and License No. Arnold Fincher Sr 0598

Signature of Water Well Contractor Arnold Fincher Sr

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APR 02 2007

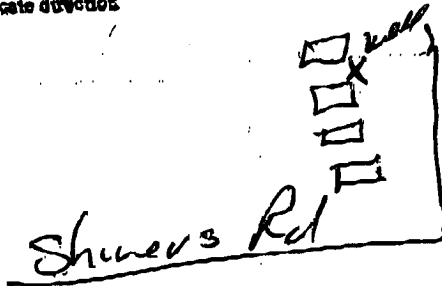
BY: OLWR

Ground Level

Description of Formations Encountered	From	To
Clay	0	30
Grey clay	30	123
Sandy clay	125	177
Clay clay	177	237
Sand	237	270
Clay	270	328
Sand	328	348
Sand clay	348	478
	478	500

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: Joey Warren

Arvid Sanchez
Signature of Water Well Constructor

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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 #: N-49
 Elevation: _____

County: Simpson
 Permit #: _____
 Driller: Waterwell Service
 Date completed: 3-12-07

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>Well Owner Information</p> <p>Owner Name: <u>Joey Walker</u> Mailing Address: <u>587 Shivers Rd</u> <u>New Hebron MS 39140</u> City State Zip Code Telephone No. <u>601, 849-6195</u></p>	<p>Well Location</p> <p>Latitude: <u>31-48-11</u> Longitude: <u>90-03-31</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>30</u> Twp. <u>10N</u> Rng. <u>20W</u> Distance Direction Nearest Town <u>6</u> Miles <u>West</u> of <u>New Hebron</u></p>
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<p>Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-10-07</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute</p>	<p>Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>180</u> feet Number of Stages: <u>14</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>3-12-07</u> Static Water Level (A): <u>83</u> Feet Below Land Surface Pumping Water Level (B): <u>150</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>67</u> Feet Below Land Surface Test Pumping Rate: <u>50</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line <u>Electric Measuring Line</u> 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.

Arnold Fincher 0598 Arnold Fincher
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR