

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 #: D25
L. S. Elevation: _____
E-log #: _____

County: Smith
Permit #: _____
Driller: Will Barlow
Date drilling completed: 11-8-11

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>Michael Shackelford</u>	Latitude: <u>32° 09' 58" N</u> Longitude: <u>89° 24' 18" W</u>
Mailing Address: <u>385 SCR 501-7</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Forrest</u> <u>MS</u> <u>39074</u>	USGS quad, <u>SW 1/4 SW 1/4</u> Sec <u>20</u> Twn <u>4 N</u> Rng <u>9 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>5</u> Miles <u>N</u> of <u>Pineville</u>

Well Data

Purpose of Well (circle one) Other: Poultry
Date well drilling started: 10-28-11 Date well drilling completed: 11-8-11
If flowing, method of flow regulation: Valves _____ Other (describe) _____
Static Water Level: 158' feet above or below (circle one) land surface Date measured: 11-5-11
Method of Measurement (circle one) electric tape steel tape air line other: _____
Hole depth: 570 Well depth: 502 Well grouted to a depth of 40' feet
Type of grout (circle one): Cement Bestocrete Mix
Casing length: 482 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20' feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 008 inches Setting depth: From 482 feet to 502 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 - D-0025

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.

Arnold Fincher Jr 0560 _____
Print Name of Water Well Contractor and License No. 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: Smith
 Permit #: _____
 Driller: Will Barlow
 Date completed: 11-8-11

For Office Use Only:

Aquifer: _____
 Well #: D25
 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>Michael Shackelford</u>	Latitude: <u>32 09 58 N</u> Longitude: <u>89 24 18 W</u>
Mailing Address: <u>385 SCR 501-7</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Forrest MS 39074</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 20 Twn 4N Rng 9E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> miles <u>N</u> of <u>Pineville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>11-5-11</u>	Setting Depth: <u>260'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-5-11</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>158</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>202</u> Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown [(B) - (A)]: <u>44</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>44</u> feet after <u>4</u> hours of pumping
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 Finkler Jr 0-560 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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