

State Well Report

Part I

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 #: 4" well
 Driller: Water Well Service
 Date drilling completed: 12-14-06

For Office Use Only:
 Aquifer: _____
 Well #: H-30
 L. S. Elevation: _____
 E-log #: _____

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>Raymond Bass</u>	Latitude: <u>32.07 26</u>	Longitude: <u>89.19 58</u>	
Mailing Address: <u>87 SCR 534B</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Louin, MS 39338</u>	1/4 Sec: _____	Town: <u>3N</u>	Range: <u>9E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>7</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Louin, MS</u>
Telephone No.: <u>(601) 789-5301</u>			

Well Data

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

Date well drilling started: 11-7-06 Date well drilling completed: 12-21-06

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 12-20-06

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

Hole depth: 500 Well depth: 420 Well grouted to a depth of 40 feet

Type of grout (circle one): Cement ~~Perforated~~ Mix

Casing length: 400 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 400 feet to 420 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 # H-0030

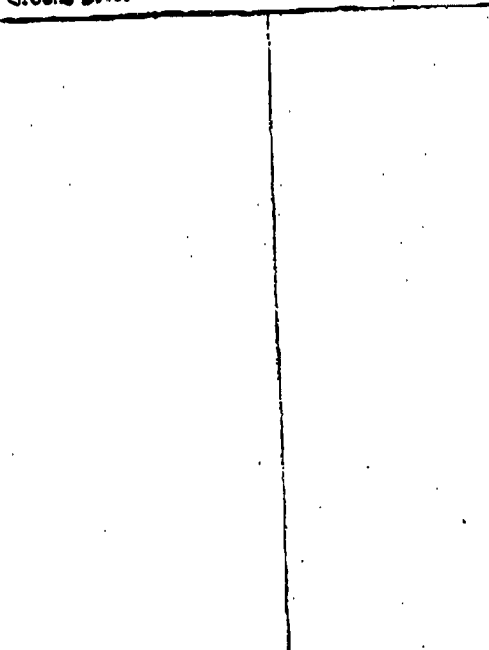
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Arnold Fincher Sr 0598 Arnold Fincher Sr

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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Ground Level

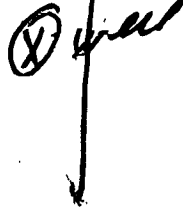


Description of Formations Encountered	From	To
Weathered Clay	0	21
Yellow clay	21	26
Sandy shale	26	35
Sandy clay	35	38
Grey sand	38	47
Grey clay	47	-

If more than one street, 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.

Chicken houses



House

Raymond Bass

Landowner Name:

Arvid Smith Sr

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 #: H-30
 Elevation: _____

County: Smith
 Permit #: 4"
 Driller: Water Well Service
 Date completed: 12-26-06

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 Owner Name: <u>Raymond Bass</u> Mailing Address: <u>87 SCR 534 B</u> <u>Louis, MS 39388</u> City State Zip Code Telephone No. <u>(601) 769-5301</u>		Well Location Latitude: <u>32 07 26</u> Longitude: <u>89-19-58</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 1/4 Sec. <u>10</u> Twn <u>3N</u> Rng <u>9E</u> Distance Direction Nearest Town <u>7</u> Miles <u>NW</u> of <u>Louis</u>	
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Pump Type Circle one Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>12-23-06</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5 HP</u> Setting Depth: <u>180'</u> feet Number of Stages: <u>14</u>
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Pump Test Data Date Well Tested: <u>12-23-06</u> Static Water Level (A): <u>62</u> Feet Below Land Surface Pumping Water Level (B): <u>110</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>48</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	Method of Measuring Water Level Circle one Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Arnold Fincher, 0598 Arnold Fincher RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 JAN 15 2007
 BY: OLWR