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WEST WATER WELL DRILLING

6014262154

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### 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)

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 8-19-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M-32  
 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>Jerry Bynum</u>           | Latitude: <u>31° 52' 50"</u> Longitude: <u>89° 39' 00"</u>  |
| Mailing Address: <u>229 Brewer Lane</u>  | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| Magee: <u>MS 39111</u>                   | <u>SW</u> 1/4 <u>NE</u> 1/4 Sec. <u>35</u> Twn <u>1N</u> Rng <u>7E</u>                              |
| City: _____ State: _____ Zip Code: _____ | Distance: _____ Direction: _____ Nearest Town: _____  |
| Telephone No. <u>(601) 622-8556</u>      | <u>5</u> Miles <u>W</u> of <u>Mize</u>  |

**Well Data**

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

Date well drilling started: 8-19-08 Date well drilling completed: 8-19-08

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

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 8-19-08

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 100 inches Setting depth: From 220 feet to 240 feet

Type of completion (circle all applicable): Gravel packed Undreamed 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): \_\_\_\_\_

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.

David West 0672 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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WEST WATER WELL DRILLING

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M-32

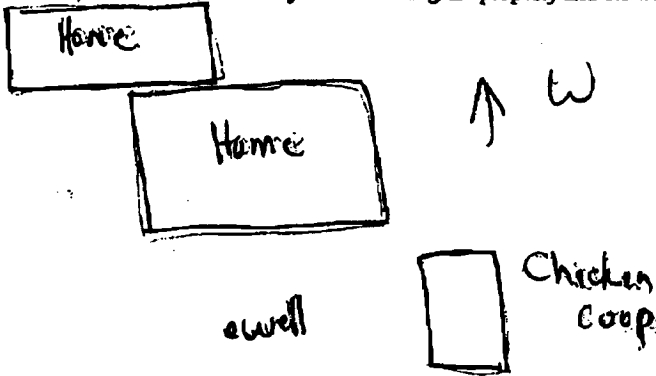
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Clay                                  | 0    | 29  |
| Sand                                  | 29   | 43  |
| Rock                                  | 43   | 44  |
| Clay                                  | 44   | 163 |
| Sandy clay                            | 163  | 192 |
| Sand                                  | 192  | 270 |
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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: Jerry Bynum

Dan H. ...  
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: David West  
 Date completed: 8-19-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: M-32  
 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**  
 Owner Name: Jerry Ryan  
 Mailing Address: 229 Brewer Lane  
Megees MS 39111  
 City State Zip Code  
 Telephone No. 601 622-8556

**Well Location**  
 Latitude: 31°52'50" Longitude: 89°39'00"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey grade GPS  
SW 1/4 NE 1/4 Sec 35 Twn 1N Rng 7E  
 Distance Direction Nearest Town  
5 Miles W of MIZE

**Pump Type**  
 Circle one  
 Air Lift Jet Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 8-19-08  
 Rated Pump Capacity: 10 Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1/2  
 Setting Depth: 100 feet  
 Number of Stages: \_\_\_\_\_

**Pump Test Data**  
 Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface  
 Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface  
 Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
 Circle one  
 Air Line 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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
David West 0-672 David West  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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