

#2

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 #: P-47
 L. S. Elevation: _____
 E-log #: _____

County: Smith
 Permit #: _____
 Driller: David West
 Date drilling completed: 1-11-07

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>Lawanda Turnage</u>	Latitude: <u>31° 49' 00"</u> Longitude: <u>89° 30' 00"</u>
Mailing Address: <u>744 SCR 37</u>	Method of Lat/Long (circle one): <u>MDOT MAP</u> Conventional Survey,
<u>Mize</u> <u>MS</u> <u>39116</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ SE ¼ Sec 23</u> Twn <u>10N</u> Rng <u>16W</u>
Telephone No. <u>(601) 733-0487</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>MIZE</u>

Well Data

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

Date well drilling started: 1-11-07 Date well drilling completed: 1-11-07

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 1-11-07

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

Hole depth: 220' Well depth: 220' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 200 feet to 220 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): _____

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 A. West 0-672
 Print Name of Water Well Contractor and License No.

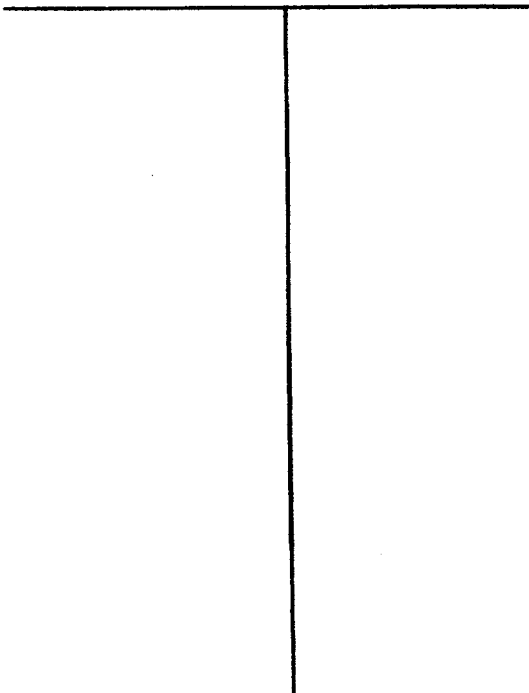
David A. West
 Signature of Water Well Contractor

#2

P-47

If well telescopes please sketch below and show depths.

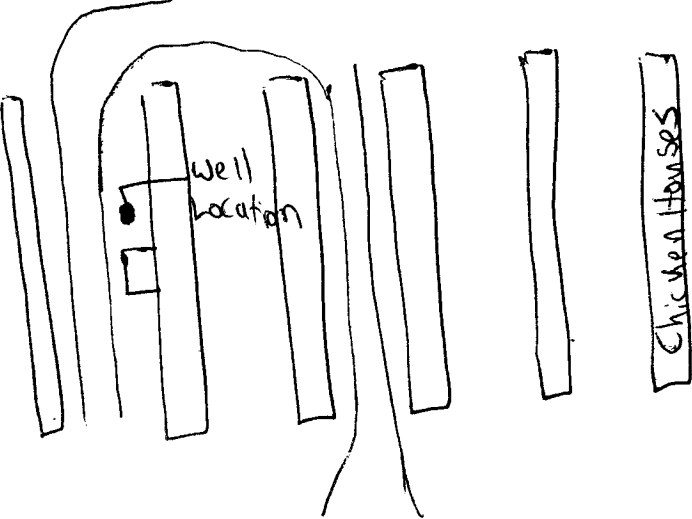
Ground Level



Description of Formations Encountered	From	To
Sandy Clay	0	2
Sand	2	68
Clay w/ sand	68	107
Rock	107	126
Clay	126	187
Grassy Sand	187	280

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: Ernest Shawanda Turnage

[Signature]
Signature of Water Well Contractor

OPTIONAL FORM NO. 10
FEBRUARY 1975
U.S. GEOLOGICAL SURVEY

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 #: P-47

Elevation: _____

County: Smith
 Permit #: _____
 Driller: David West
 Date completed: 1-11-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location						
Owner Name: <u>Lawanda Tussage</u>	Latitude: <u>31°49'</u> Longitude: <u>89°30'</u>						
Mailing Address: <u>744 SCR 37</u>	Method of Lat/Long (circle one): <u>MDOT MAP</u> Conventional Survey,						
<table style="margin-left: auto; margin-right: auto;"> <tr> <td><u>MIZE</u></td> <td><u>MS</u></td> <td><u>39116</u></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>	<u>MIZE</u>	<u>MS</u>	<u>39116</u>	City	State	Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SE ¼ SE ¼ Sec 23 Twn 10N Rng 16W</u>
<u>MIZE</u>	<u>MS</u>	<u>39116</u>					
City	State	Zip Code					
Telephone No. <u>(601) 733-0487</u>	Distance Direction Nearest Town <u>4 Miles SW of MIZE</u>						

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>1-11-07</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	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>140'</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
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	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

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

David A. West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David West
 Signature of Pump Installer