

State Well Report

Part 1

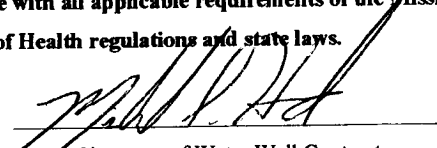
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: M 60
L. S. Elevation: _____
E-log #: _____

County: Stone
Permit #: _____
Driller: Michael S. Howard
Date drilling completed: 10-26-05

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>Rick Dearman</u>	Latitude: <u>N30° 47' 49" 26</u>	Longitude: <u>W88° 58' 28" 49</u>	
Mailing Address: <u>2192 King Bee Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
<u>Perkingston</u> <u>MS</u> <u>39573</u>	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>10</u> Tw'n <u>T35</u> Rng <u>R10W</u>		
City State Zip Code	Distance <u>6</u> Miles	Direction <u>East</u>	Nearest Town <u>Big Level</u>
Telephone No. () _____			
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>10-26-05</u> Date well drilling completed: _____			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>25</u> feet above or below (circle one) land surface Date measured: _____			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>65</u> Well depth: <u>65</u> Well grouted to a depth of <u>17</u> feet			
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>55</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC 540</u>			
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>WOP</u>			
Screen slot size: <u>.006</u> inches Setting depth: From <u>55</u> feet to <u>65</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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) <u>No log run</u> 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.			
<u>Michael S. Howard</u> <u>0-673</u>			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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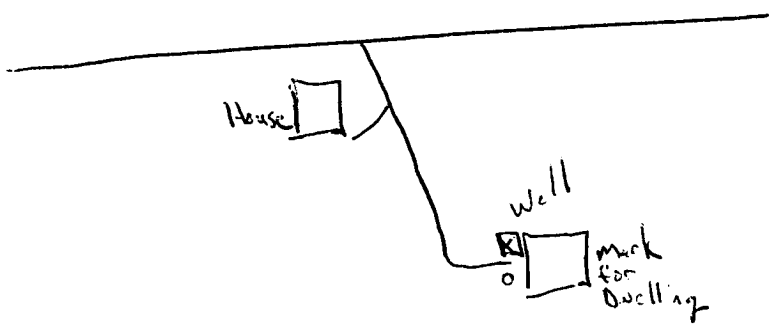
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsand	0	8
Clay	8	15
Silt	15	42
Sand (med)	42	65

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: Rick Dearman

[Signature]
Signature of Water Well Contractor

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BY [Signature]

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: Stone
 Permit #: _____
 Driller: Michael S. Havard
 Date completed: 10-26-05

For Office Use Only:

Aquifer: _____
 Well #: 11-
 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>Rick Dearman</u>	Latitude: <u>N30°42.826</u> Longitude: <u>W88°58.466</u>
Mailing Address: <u>2192 King Bee Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Perkingston MS 39573</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 10 Twn T35 Rng R10W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>6 Miles East of Big Level</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> <u>Jet</u> <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10-26-05</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>9</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-26-05</u>	<input checked="" type="radio"/> <u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>9</u> GPM with a drawdown of
Test Pumping Rate: <u>9</u> Gallons Per Minute	<u>5</u> feet after <u>4.5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours	

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

Michael S. Havard _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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