

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 #: B-108
 L. S. Elevation: A84
 E-log #: _____

14

County: SUNFLOWER
 Permit #: 6W42015
 Driller: JAMES HAGGER
 Date drilling completed: 4-13-07

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>Miss. Dept. of Corrections</u>	Latitude: <u>33° 54' 19"</u> Longitude: <u>90° 34' 12"</u>
Mailing Address: <u>Purchasing DEPT.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 910</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Prattman, Ms. 38738</u>	NE 1/4 SW 1/4 Sec <u>3X</u> Twn <u>24N</u> Rng <u>3W</u>
City State Zip Code	<u>36</u>
Telephone: <u>662-745-6611</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>PRATTMAN (ON PRISON)</u>

Well Data

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

Date well drilling started: 4-13-07 Date well drilling completed: 4-13-07

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

Static Water Level: 37' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 12 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.

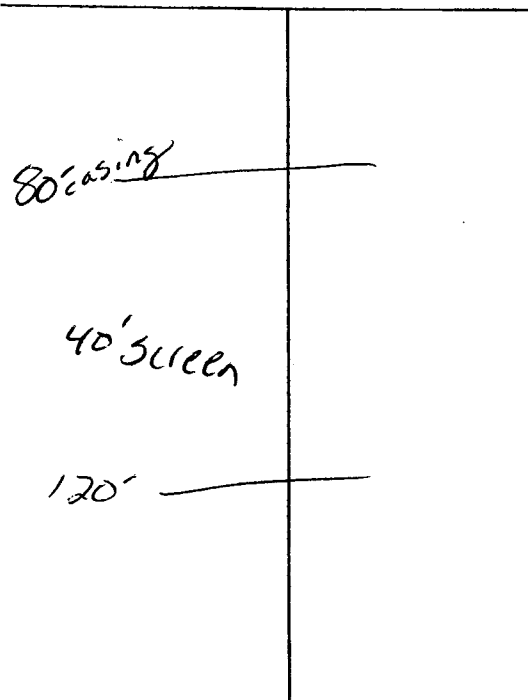
X HAGGER WELL SERVICE (#542) X James Hagger
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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B.

If well telescopes please sketch below and show depths.

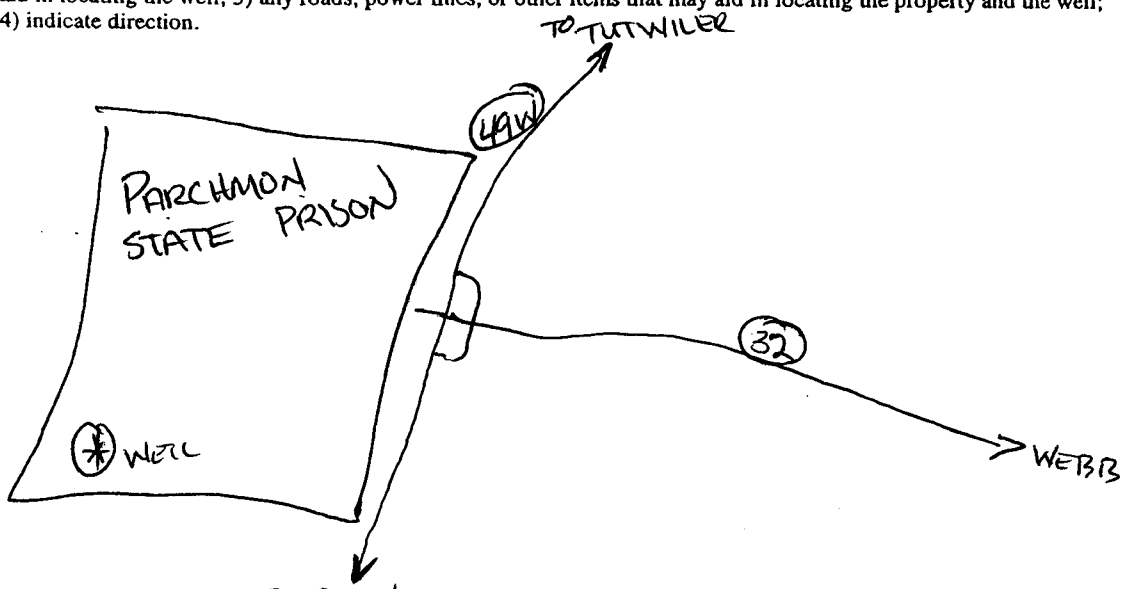
Ground Level



Description of Formations Encountered	From	To
Clay	0	18
fine	18	50
medium	50	70
medium coarse	70	118
Rock	118	120

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: MISS. DEPT. OF CORRECTIONS

James Hagan
Signature of Water Well Contractor

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 #:

Elevation:

B-108

County: SUNFLOWER
Permit #: 6W42015
Driller: JAMES HAGGAN
Date completed: 4-13-07

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>MISS. DEPT. OF CORRECTIONS</u>	Latitude: <u>33-54-19</u>	Longitude: <u>90-34-12</u>	
Mailing Address: <u>PURCHASING DEPT.</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>PO Box 910</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
<u>PARCHMAN, MS. 38738</u>	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>31</u> Twp <u>24N</u> Rng <u>3W</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>662-745-6611</u>	<u>2</u> Miles	<u>WEST</u> of	<u>PARCHMAN (ON PRISON)</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>75</u>		
Date Pump Installed: <u>4-19-07</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>3000</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: _____		Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): _____ Feet Below Land Surface		Other (specify): _____		
Pumping Water Level (B): _____ Feet Below Land Surface		For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>NO TEST</u> Feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
Test Pumping Rate: _____ Gallons Per Minute				
Duration of Pump Test (minimum 4 hours): _____ hours				

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

GLEN REWE #710-P Print Name of Pump Installer and License No. (if applicable)

[Signature] Signature of Pump Installer

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