

State Well Report

Part 1 - Driller's Log

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: SUNFLOWER
 Permit #: 6W 40253
 Driller: HOUSTON
 Date drilling completed: 5/8

For Office Use Only:

Aquifer: _____
 Well #: B-97
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p style="text-align: center;">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>ERIC LIVINGSTON</u> Mailing Address: <u>5064 Hwy 49</u> <u>Futwiler MS.</u> <u>Futwiler MS 38936</u> City State Zip Code Telephone No.: <u>(62) 345-0015</u></p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Latitude: <u>33° 56' 57" N</u> Longitude: <u>091° 21' 27" W</u> Method of Lat/Long (circle one): Conventional Survey, of USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 1522 Twn 24N Rng 3W</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
<p>Well / Borehole Data</p>	
Date drilling started: <u>5/8</u> Date drilling completed: <u>5/8</u> Hole depth: <u>110</u> Hole diameter: <u>24</u> Location of the source of any surface water used for drilling: <u>SAME</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 LB Per 1000</u> Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <p style="text-align: center;"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>29</u> feet above or below (circle one) land surface Date measured: <u>5/9</u> Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____ Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>1.030</u> inches Setting depth: From <u>70</u> feet to <u>110</u> feet Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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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: SUNFLOWER
 Permit #: GW 40253
 Driller: HOUSTON
 Date completed: 5/9
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-97
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>ERIC LIVINGSTON</u>	Latitude: <u>33° 56.38' N</u> Longitude: <u>090° 29.290'</u>
Mailing Address: <u>5064 HWY 49</u> <u>FUTWILER MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>(662) 345-0015</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>5/9</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</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 <u>Steel Tape</u>
Static Water Level (A): <u>29</u> 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)]: _____ 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.

PAUL POWELL **RECEIVED** Paul Powell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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