

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 #: G-124
L. S. Elevation: _____
E-log #: _____

County: Sunflower
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 9-18-05

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>Jeff Lusk</u>	Latitude: <u>33° 38' 65" N</u> Longitude: <u>090° 38' 07" W</u>
Mailing Address: <u>40 Banks Walker Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Shaw</u> MS <u>38773</u>	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>21 N</u> Rng <u>4 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662</u>) <u>843-7837</u>	<u>10</u> Miles <u>North</u> of <u>Doddsville</u>

Well Data

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

Date well drilling started: 9-18-05 Date well drilling completed: 9-18-05

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

Static Water Level: 28 feet above or (below) (circle one) land surface Date measured: 9-18-05

Method of Measurement (circle one) steel tape electric tape air line other: rope + weight

Hole depth: 100' Well depth: 100' Well grouted to a depth of 15 feet

Type of grout (circle one): Cement (Bentonite) Mix

Casing length: 80' feet Casing diameter: 4" inches Type of casing: PVC 160

Screen length: 20' feet Screen diameter: 4" inches Type of screen: SCA 40 PVC

Screen slot size: .016 inches Setting depth: From 80 feet to 100 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: 0 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.

Willie L. Bryant 0-639
Print Name of Water Well Contractor and License No.

Willie L. Bryant
Signature of Water Well Contractor

Drilled for:
Houston Drilling

10.79

RECEIVED
OCT 13 2005
BY: OLWR

RECEIVED
BY: [unclear]

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: Suflower
 Permit #: _____
 Driller: Houston
 Date completed: 9/18/05
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>JEFF LUSH</u>	Latitude: <u>33 38 65 N</u> Longitude: <u>070 38 07</u>
Mailing Address: <u>40 BARN'S WALKER RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SHAW</u> MS <u>38723</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(601) 843-7837</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>9/20/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>5</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>28</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 0435 Paul Powell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer