

OCT-09-2006 15:18 From:MID SOUTH WATER 6628431717 To:601 360 0535 P.2/4

547

County Sunflower
 Permit # _____
 Driller: Shane Partridge
 Date drilling completed 10-2-06

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)

For Office Use Only:
 Aquifer: G172
 Well # #168
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Billy Maxwell</u>	Latitude: <u>33° 43' 07"</u> Longitude: <u>90° 35' 06"</u>
Mailing Address: <u>143 Lily Lane</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ruleville MS 38771</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1R 1/4 NW 1/4 Sec 2 Twn 21N Rng 3E</u> ^{AW}
Telephone No. <u>(662) 721-8673</u>	Distance Direction Nearest Town <u>2 Miles SW of Ruleville</u>

Well / Borehole Data

Date drilling started: 10-2-06 Date drilling completed: 10-2-06 Hole depth: 122 Hole diameter: 27"

Location of the source of any surface water used for drilling: Rain

Method of dosing and volume of Chlorine used in drilling and development: 5 lbs. Chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 47' 10" feet above or (below) (circle one) land surface Date measured: 10/9/06

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one) Best Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70 feet to 120 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 next page*

Form OLWR-SWR-1A

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P.4/4

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: G172
 Well #: H2163
 Elevation: _____

County Sunflower

Permit # _____

Driller Shane Partridge

Date completed: _____

Copy information from block on Part 1

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>Billy Morrow</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>143 Lily Lane</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Ruleville MS 39771</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>24N</u> R <u>3W</u>
Telephone No. <u>(662) 721-8673</u>	Distance Direction Nearest Town <u>2 Miles SW of Ruleville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>10/9/06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>47' 10"</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Christman 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman
 Signature of Pump Installer

Form: OLWR-SWR-18

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