

JUL-29-2005 16:38 From:

6628431717

To: 360 0535

P.2/4

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 #: S-96
L. S. Elevation: _____
B-log #: _____

County: Sunflower
Permit #: _____
Driller: Mike Wells
Date drilling completed: 7/1/05

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>Phillips Brothers</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4024 Money Sunk Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Yazoo City, MS 39194</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>17N</u> Rng <u>5W</u>
Telephone No. <u>662 746-4408</u>	Distance <u>6 1/2</u> Miles Direction <u>W</u> of Nearest Town <u>Yazoo</u>

Well Data

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

Date well drilling started: 7/1/05 Date well drilling completed: 7/1/05

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

Static Water Level: 47 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 FT feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 78 feet to 117 feet

Type of completion (circle all applicable): Gravel packed Underdrained Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: n/a 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): n/a

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.

Thomas G. Christman 0-703
Print Name of Water Well Contractor and License No.

Thomas G. Christman
Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____

Well #: 5-96

Elevation: _____

County: Sunflower
 Permit #: _____
 Driller: mike wells
 Date completed: 7/3/05

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>Phillip Brothers</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4024 Money Sunk Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ya 300 City MS 39194</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>17N</u> Rng <u>6W</u>
Telephone No. <u>662 746-4408</u>	Distance Direction Nearest Town
	<u>6 1/2</u> Miles <u>10</u> of <u>2500</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>7/3/05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>not tested</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>47</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: <u>n/a</u> feet
Drawdown ((B) - (A)): <u>n/a</u> Feet Below Land Surface	Well yielded <u>n/a</u> 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