

Tallahatchie

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: C139
Well #: ~~OC-66~~
L. S. Elevation: _____
E-log #: _____

County: ~~Tallahatchie~~
Permit #: MSGW 39770
Driller: AUSTON DAWINS
Date drilling completed: 4/22/05

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>SM FEWELL</u>	Latitude: <u>34° 03' 22.1"</u> Longitude: <u>090° 22' 45.1"</u> 13.8 57
Mailing Address: <u>VANCE MS</u> <u>PO Box 159</u> <u>VANCE MS 38964</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>R19</u> Twn <u>25N</u> Rng <u>2W</u>
Telephone No.: <u>(662) 345-8922</u>	Distance: <u>5</u> Miles Direction: <u>E</u> of <u>FUTWILER</u> Nearest Town: <u>FUTWILER</u>

Well / Borehole Data

Date drilling started: 4/22 Date drilling completed: 4/22 Hole depth: 113 Hole diameter: 24

Location of the source of any surface water used for drilling: SAME 34 03 23N 090 22 45W

Method of dosing and volume of Chlorine used in drilling and development: 1 LB PER 1000

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: 28 feet above or below (circle one) land surface Date measured: 4/23/

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

Well depth: 113 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 1030 inches Setting depth: From 73 feet to 113 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*

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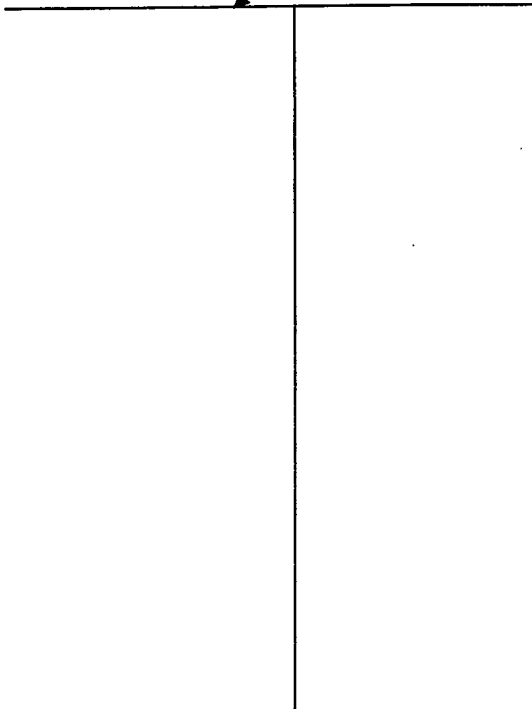
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~~C-66~~

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

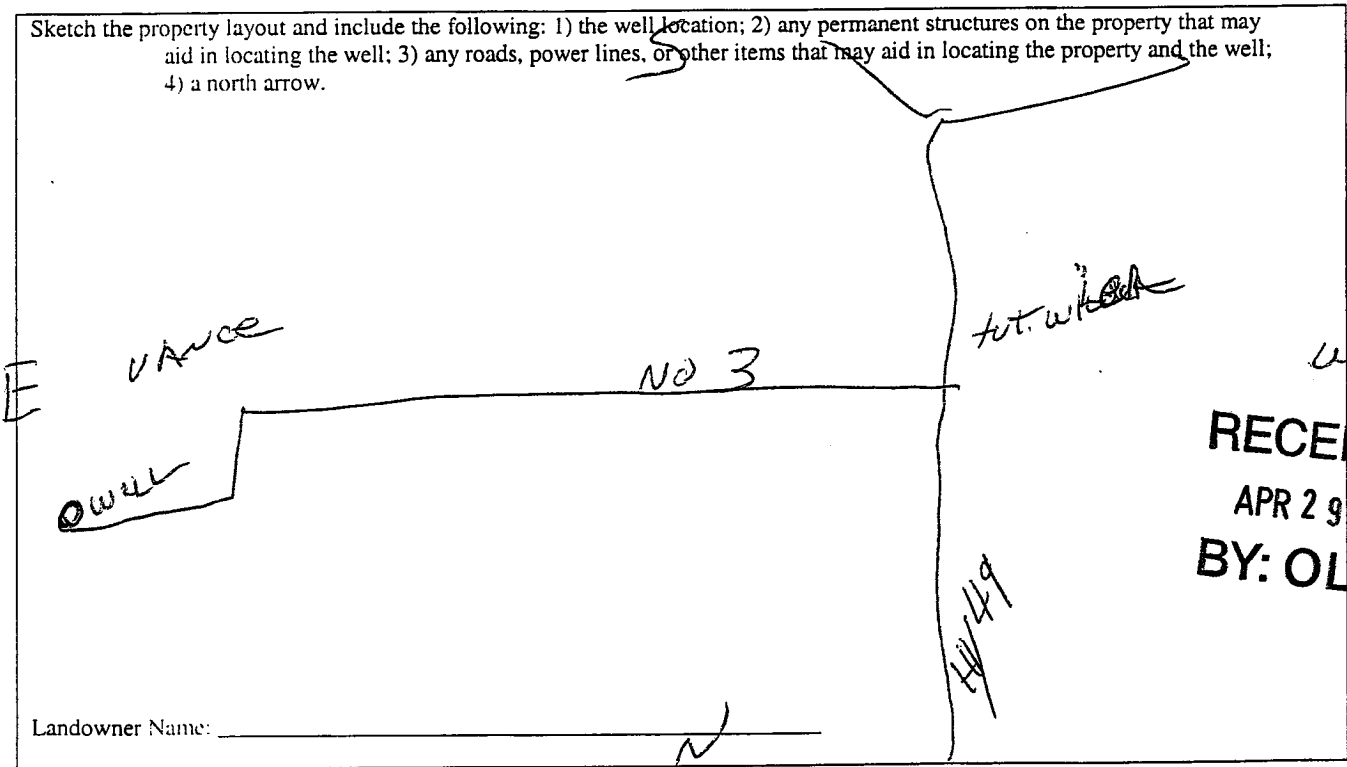


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0	13
FINE SAND	13	43
HEAVY GRAVEL	43	113

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) a north arrow.



Landowner Name: _____

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

PAUL POWELL 0435 4/26
 Print Name of Responsible Licensee and License No. Date

Paul Powell RECEIVED
 Signature of Licensee AUG 11 2005

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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: Tallahatchie
Permit #: MS 6W 39270
Driller: _____
Date completed: _____

For Office Use Only:

Aquifer: C139
Well #: ~~66~~
Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>S M FEWELL</u>	Latitude: <u>34° 03' 23" N</u> Longitude: <u>090° 22' 95" W</u>
Mailing Address: <u>P.O. BOX 159</u>	13.8 57
	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>UANCE</u> <u>MS</u> <u>38964</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>#</u> Twn <u>25 N</u> Rng <u>2 W</u>
City State Zip Code	10
Telephone No. <u>662, 345-8822</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>E</u> of <u>Tutwiler</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: <u>70</u>
Date Pump Installed: <u>7-14-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>Two</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVID P. HOLT 0-752 P
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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