

Circle 2  
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)

County: TALLAHATCHIE  
Permit #: 6W40154  
Driller: JOHN NEWCOME 0-773  
Date drilling completed: B-10-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q-114  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>DUE WEST HOME</u>	Latitude: <u>33° 03' 49"</u> Longitude: <u>90° 19' 19"</u>
Mailing Address: <u>PO BOX 230</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Glendora, MS 38928</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW</u> <u>SW</u> Sec <u>5</u> Twn <u>23N</u> Rng <u>1W</u>
Telephone: <u>662-375-8865</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>S</u> of <u>WEBB</u>

Well Data

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

Date well drilling started: B-10-06 Date well drilling completed: B-10-06

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

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

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

Hole depth: 95 Well depth: 92 Well grouted to a depth of 10 feet

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

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 22 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 65-78 feet to 78-92 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 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.

JOHN NEWCOME 0-773 John Newcome  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

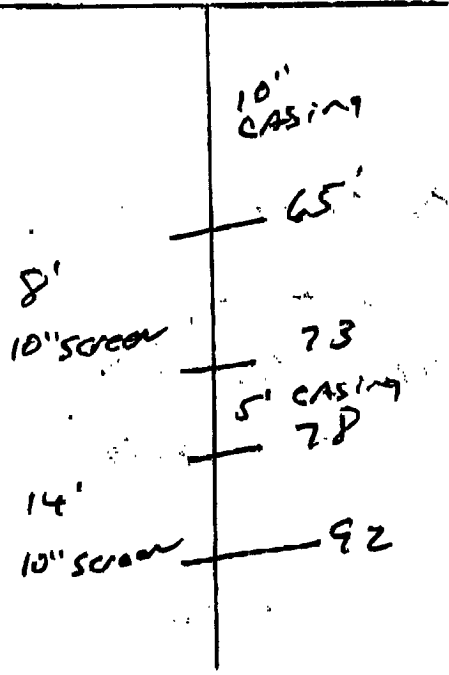
Pump was installed by Circle 5 Irrigation of Clarksdale, MS. We only drilled the well.

RECEIVED  
BY: OLWR

Φ-114

If well telescopes please sketch below and show depths.

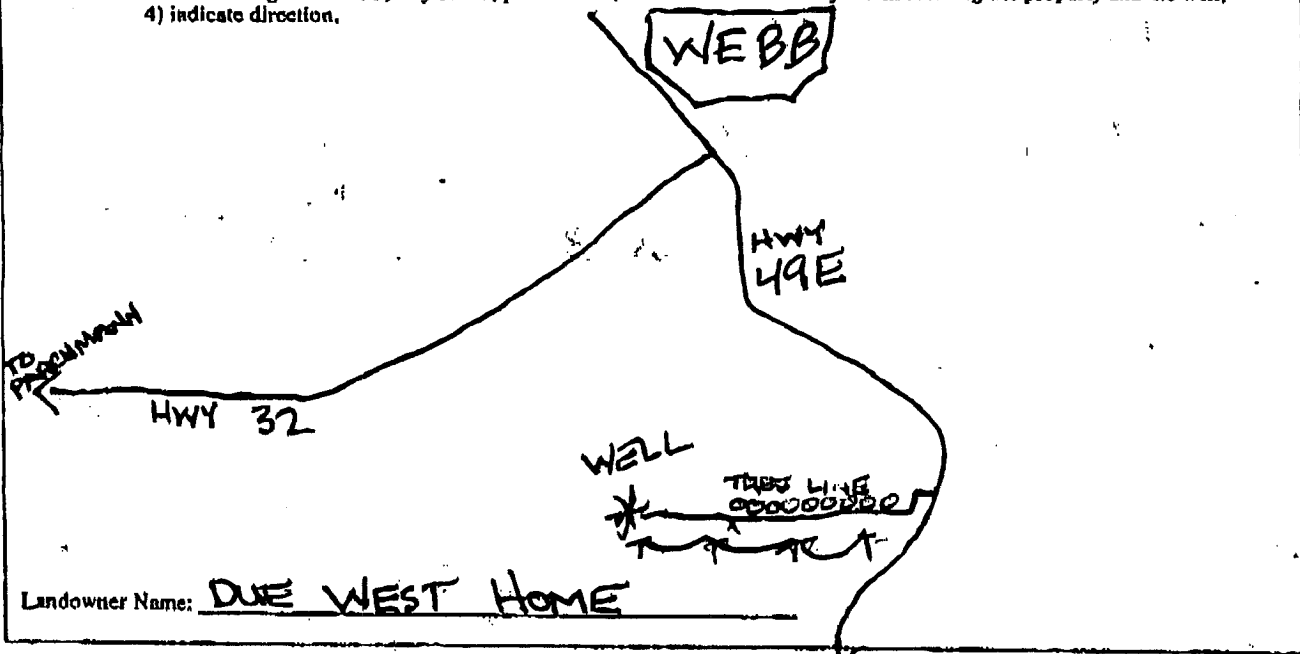
Ground Level



Description of Formations Encountered	From	To
TOP Soil	0	10
MIX CLAY	10	30
FINE SAND	30	65
COARSE SAND	65	73
FINE SAND	73	78
COARSE SAND - gravel	78	92
ROCKS	92	95

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) indicate direction.



[Signature]  
Signature of Water Well Contractor

RECEIVED

00130278

BY OLIVER

# 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: Talbot  
 Permit #: \_\_\_\_\_  
 Driller: JOHN NEWCOMB  
 Date completed: 8-10-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-11A  
 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>DUG WEST HOME</u>	Latitude: <u>33 53 49</u> Longitude: <u>090 19 19</u>
Mailing Address: <u>PO BOX 230</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GLENDORA MS 38928</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 5 T 23N R 1W</u>
Telephone No. <u>(662) 375-8865</u>	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>WEBB</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15 H.P.</u>
Date Pump Installed: <u>9-28-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>850</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> <input checked="" type="radio"/>
Static Water Level (A): <u>24</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.

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

**RECEIVED**  
 Form: OLWR-SWR-1B  
 OCT 30 2006  
 BY: OLWR