

State Well Report

Part I

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 #: A-75
 L. S. Elevation: _____
 E-log #: _____

County: Tate Co.
 Permit #: _____
 Driller: Delta Drilling
 Date drilling completed: 9-20-05

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>James Shepard</u>	Latitude: <u>34° 44' 17.9"</u> Longitude: <u>90° 10' 21.0"</u> ⁵⁴
Mailing Address: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>321 Sunset Blvd</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Memphis TN 38122</u>	<u>NW 1/4 SW 1/4 Sec 20 Twn 45 Rng 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>(901) 358-0588</u>	<u>3.2</u> Miles <u>NE</u> of <u>Pritchard</u>

Well Data

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

Date well drilling started: 9-20-05 Date well drilling completed: 9-20-05

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 9-21-05

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

Hole depth: 100 ft Well depth: 100 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0050 inches Setting depth: From 60 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: _____ 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: VISUAL

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.

ALAN DYLE 0674 _____

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Gw40366
 Incorp @ ABS

RECEIVED
 OCT 20 2005
 BY: OLWR

1954

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.

RECEIVED
MAY 10 1954

Dear Sir:

I have your letter of May 7, 1954, regarding the matter mentioned therein. The information requested is being reviewed and will be furnished to you as soon as it is available.

Sincerely,
[Signature]

Special Agent in Charge

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: Yate
Permit #: _____
Driller: Delta Drilling
Date completed: 9-20-05

For Office Use Only:

Aquifer: _____
Well #: A-75
Elevation: _____

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>James Shepard</u>	Latitude: <u>N34-44-179</u> Longitude: <u>W90-10-910</u>
Mailing Address: _____ <u>391 Sweet Briar</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Memph</u> TN <u>38122</u>	<u>NW 1/4 SW 1/4 Sec 20</u> Twp <u>4S</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 358-0588</u>	<u>1 3/4</u> Miles <u>NW</u> of <u>PRITCHARD MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>100 HP</u>
Date Pump Installed: <u>9-21-05</u>	Setting Depth: <u>50ft</u> feet
Rated Pump Capacity: <u>2000</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>12</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.

ALAN PYLE _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
OCT 20 2005
BY: OLWR