

K 24

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: Tate
 Permit #: GW 41739
 Driller: Delta Drilling of America
 Date drilling completed: 3-29-07

For Office Use Only:
 Aquifer: _____
 Well #: ~~E-51~~
 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>Marty Allison</u>	Latitude: <u>34° 35' 20"</u> Longitude: <u>90° 13' 18"</u>
Mailing Address: <u>3593 Hwy 3</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sandh</u> MS <u>38665</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 S 20 1/4 Sec 2 Twn 65 Rng 10W</u>
Telephone No. <u>662 382 7270</u>	Distance <u>2</u> Miles Direction <u>S</u> of Nearest Town <u>Savage</u>

Well Data

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

Date well drilling started: 3-29-07 Date well drilling completed: 3-29-07

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 3-30-07

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

Hole depth: 100 Well depth: 100 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: 0032 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 PYLE 0674
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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BY: OLWR

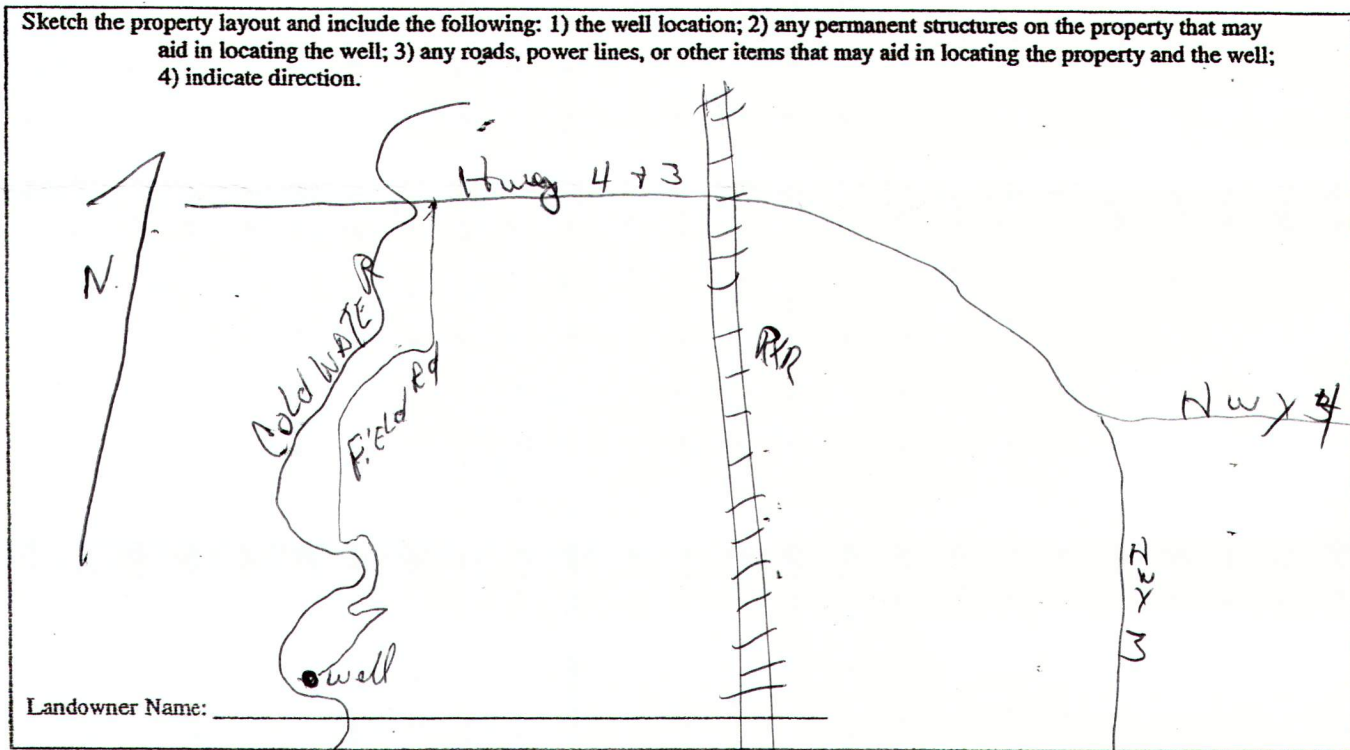
If well telescopes please sketch below and show depths.

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Ground Level 6W 41739

Description of Formations Encountered	From	To
Top Soil	0	45
Clay Gravel	45	55
Sand	55	65
Course Sand & Gravel	65	100

If more than one screen, show location of each on sketch



Landowner Name: _____

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: K24
 Well #: ~~57~~
 Elevation: _____

County: Tate
 Permit #: 6W41739
 Driller: Dette Drilling
 Date completed: 3-30-07

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>Marty Allison</u>	Latitude: <u>34 35 348</u> Longitude: <u>090 13 309</u>
Mailing Address: <u>3593 Hwy 3</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Sarah</u> MS <u>38665</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>35</u> Twn <u>5S</u> Rng <u>10W</u>
Telephone No. <u>(662) 382 7970</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>S</u> of <u>Sarah</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>100 HP</u>
Date Pump Installed: <u>3-30-07</u>	Setting Depth: <u>60 ft</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</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>18</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.

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

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 MAY 07 2007
 BY: OLWR