

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 #: N-57
 L. S. Elevation: _____
 E-log #: _____

County: LATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 9-9-07

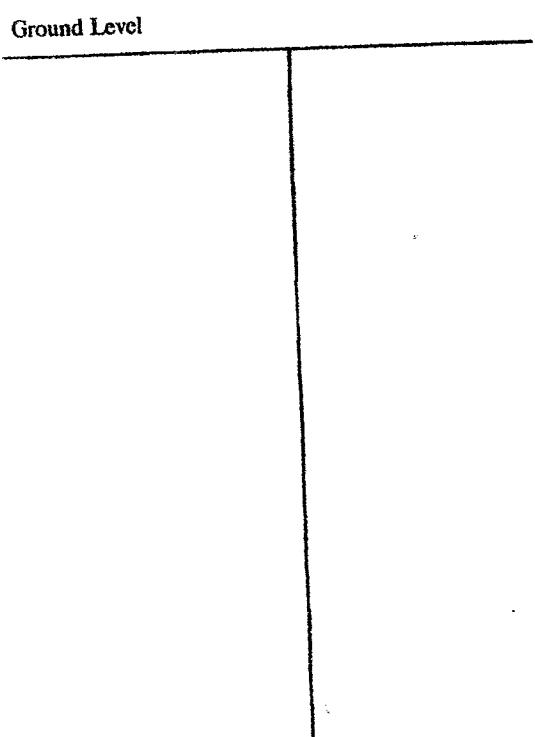
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | | Well Location | |
|---|---|--|--|
| Owner Name: <u>BARRY SWELL</u> | Latitude: _____ Longitude: _____ | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | |
| Mailing Address: <u>4544 Greenwood</u> | _____ 1/4 Sec <u>N6</u> Twn <u>T6S</u> Rng <u>R6W</u> | Distance _____ Direction _____ Nearest Town _____ | |
| <u>HEARNING, MS 38632</u> | _____ 1/4 Sec _____ Twn _____ Rng _____ | Distance _____ Direction _____ Nearest Town _____ | |
| City _____ State _____ Zip Code _____ | _____ 1/4 Sec _____ Twn _____ Rng _____ | Distance _____ Direction _____ Nearest Town _____ | |
| Telephone No. <u>601 828-6763</u> | _____ 1/4 Sec _____ Twn _____ Rng _____ | Distance _____ Direction _____ Nearest Town _____ | |
| Well Data | | | |
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | | | |
| Date well drilling started: <u>9-9-07</u> | | Date well drilling completed: <u>9-9-07</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | | | |
| Static Water Level: <u>40</u> feet above or below (circle one) land surface | | Date measured: <u>9-9-07</u> | |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | | | |
| Hole depth: <u>100</u> | Well depth: <u>100</u> | Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> Bentonite Mix | | | |
| Casing length: <u>80</u> feet | Casing diameter: <u>4</u> inches | Type of casing: <u>PVC</u> | |
| Screen length: <u>20</u> feet | Screen diameter: <u>4</u> inches | Type of screen: <u>PVC</u> | |
| Screen slot size: <u>13 mesh</u> inches | | | |
| Setting depth: From <u>80</u> feet to <u>100</u> feet | | | |
| Type of completion (circle all applicable): Gravel packed Underscreened Telescoped Open hole Natural Development | | | |
| Other (describe): <u>WASHED SAND</u> | | | |
| 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. | | | |
| <u>BOB SMITH 0695</u> | | <u>[Signature]</u> | |
| Print Name of Water Well Contractor and License No. | | Signature of Water Well Contractor | |

RECEIVED
 OCT 24 2007
 MS DEPT OF ENVIRONMENTAL QUALITY

N-57

If well telescopes please sketch below and show depths.



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 5 |
| Brown CLAY | 5 | 18 |
| Gravel | 18 | 24 |
| White CLAY & SAND | 24 | 30 |
| Rock | 30 | 31 |
| Grey CLAY | 31 | 70 |
| Rock | 70 | 71 |
| White SAND | 71 | 100 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.

N ⊗ Well

Landowner Name: Barry Sowell S

Signature of Water Well Contractor

RECEIVED
 OCT 09 2007
 BY: OLWR

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 #: N-57

Elevation: _____

County: Kate
Permit #: _____
Driller: Bob Smith
Date completed: 9-9-07

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>BARRY SOWELL</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>4544 CEMEX RD</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Atypno, MS 38632</u> | <u>1/4 1/4 Sec N-6 Twn T6S Rng R6W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>901, 828-6763</u> | <u>2 Miles S/W of Leokahoma</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>9-9-07</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>9-9-07</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>210</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>44</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface | Well yielded <u>17</u> GPM with a drawdown of |
| Test Pumping Rate: <u>17</u> Gallons Per Minute | <u>4</u> 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.

Bob Smith 06515
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED
OCT 09 2007
BY: OLWR