

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 #: M-33
L. S. Elevation: _____
E-log #: _____

County: Tippah 139
Permit #: _____
Driller: Medlin
Date drilling completed: 2-4-05

Medlin Well Company

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>MS Mattie Wade</u>	Latitude: <u>NA</u> Longitude: <u>NA</u>
Mailing Address: <u>1361 CR 800</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Blue Mtn MS 38610</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>662 685-4079</u>	? 1/4 Sec <u>1</u> Twn <u>5.5</u> Rng <u>2-E</u>
	Distance <u>1 1/2</u> Miles Direction <u>NW</u> of Nearest Town <u>Blue Mtn</u>

Well Data

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

Date well drilling started: 1-20-05 Date well drilling completed: 2-4-05

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 2-3-05

Method of Measurement (circle one) steel tape electric tape air line other: Nylon Corel & Weight

Hole depth: 120 Well depth: 120 Well grouted to a depth of 21 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4" inches Type of casing: SCH 40 P.V.C

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.13 inches Setting depth: From 110 feet to 120 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: NONE 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.

MEDLIN WELL 0-429
Print Name of Water Well Contractor and License No.

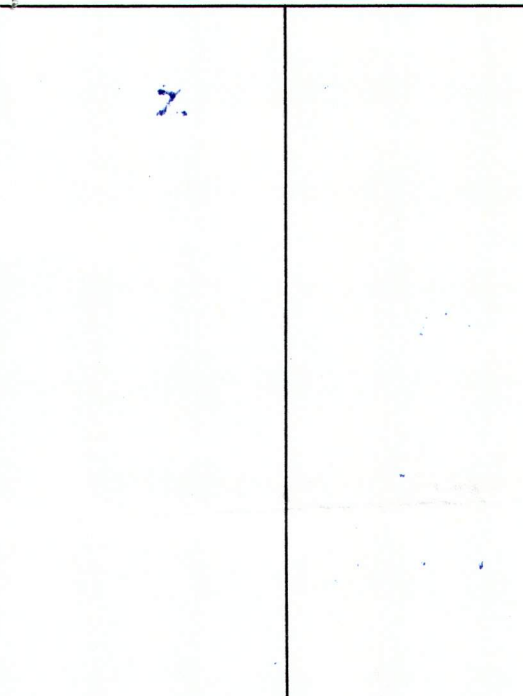
James R. Medlin
Signature of Water Well Contractor

RECEIVED
FEB 18 2005
BY: OLWR

M33

If well telescopes please sketch below and show depths.

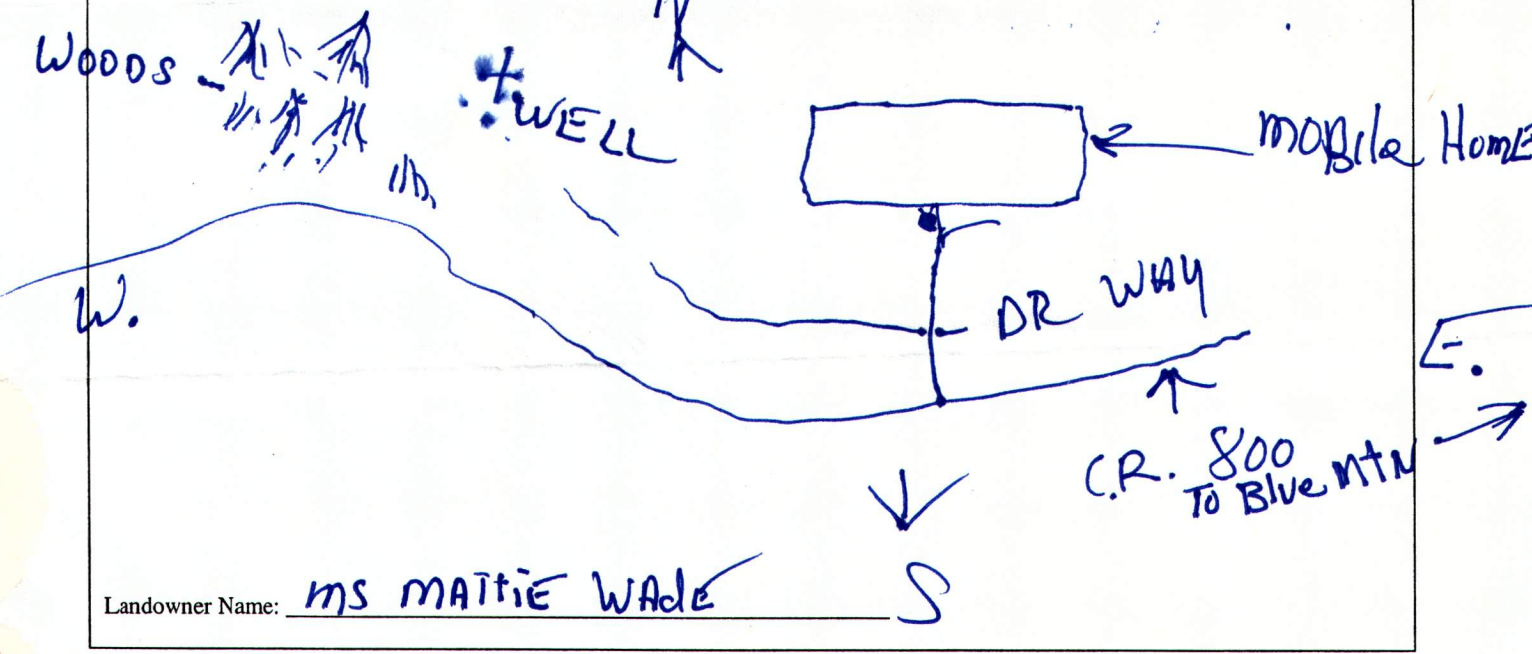
Ground Level



Description of Formations Encountered	From	To
Topsoil & Rock	0	60
Shell Rock & clay mix	60	105
water SAND & aquifer	105	120

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.



Landowner Name: MS MATTIE WADE S

James R. Madh...
 Signature of Water Well Contractor

RECEIVED
 FEB 18 2005
 BY: OLWR

02/22/2005 11:43 6016854333

COOMBS/HENDERSONPEST

PAGE 01

FEB-17-05 14:30 FROM-LAND & WATER

601-354-6938

T-059 P.03

F-030

I could not make a copy at time, date is on the copy I sent to D.E.Q

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: Tippah
Permit #:
Driller: MEDLIN
Date completed:
Contains information from Part 1

Per Office Use Only:
Aquifer:
Well #: M-33
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: MS MATTIE WADE
Mailing Address: 1361 CR 800
Blue MTN MS 38610
Telephone No: 662, 685 4079
Well Location: Latitude: N 0 Longitude: NA
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 1/4 Sec 1 T.5. S. 2 E
Distance Direction Nearest Town: 1/2 Miles N.W. of Blue MTN.

Pump Type: Submersible
Power Type: Electric Motor
Air Lift, Jet, Turbine, Diesel Engine, Gasoline Engine, Natural Gas, Bucket, Puroo, Hand, Tractor PTO, Centrifugal, Rotary, Flowing Well, Woodmill, Other (specify):
Horse Power Rating of Motor: 3/4
Setting Depth: 117 feet
Number of Stages: 10

Pump Test Data: 2-DAYS Before Complete
Date Well Tested:
Static Water Level (A): 80 Feet Below Land Surface
Pumping Water Level (B): 4 Feet Below Land Surface
Drawdown ((B)-(A)): 6 Feet Below Land Surface
Test Pumping Rate: 12 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 5 hours
Method of Measuring Water Level: Steel Tape
Air Line, Electric Measuring Line, Other (specify): Nylon Cord & weight
For flowing well, measured shut to head:
Well yielded 12 GPM with a drawdown of 6 feet after 5 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JAMES MEDLIN 0-429
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

FAX - 601 360-0535

RECEIVED
FEB 22 2005
BY: OLWR