

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-34
L. S. Elevation: _____
E-log #: _____

County: Tippah
Permit #: _____
Driller: R. MEDLIN
Date drilling completed: 5-26-05

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>John Childers</u>		Latitude: <u>NA</u>	Longitude: <u>NA</u>
Mailing Address: <u>710 CR 713</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Blue Mt W MS 39610</u>		<u>1/4</u> <u>1/4</u> Sec <u>32</u> Twn <u>S.5</u> Rng <u>E</u>	
City State Zip Code		Distance <u>2 1/4</u> Miles Direction <u>S.E.</u> of Nearest Town <u>Blue Mt W</u>	
Telephone No: <u>662 534 6761</u>			

Well Data

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

Date well drilling started: 5-18-05 Date well drilling completed: 5-26-05

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

Static Water Level: 60' feet above or below (circle one) land surface Date measured: 5-25-05

Method of Measurement (circle one) steel tape electric tape air line other: Yellow cord of weight

Hole depth: 360 Well depth: 360 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: Sch 40 P.V.C

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40 P.V.C

Screen slot size: 0-13 inches Setting depth: From 340 feet to 360 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.

R. MEDLIN 0.429

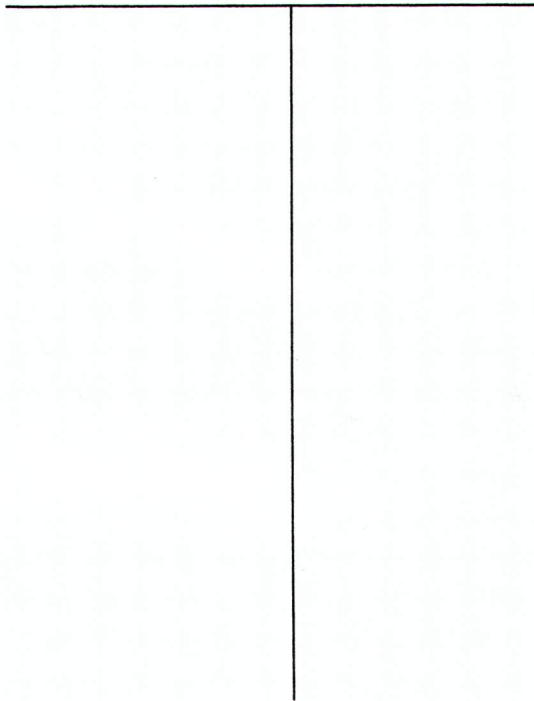
Print Name of Water Well Contractor and License No.

James R. Mullis
Signature of Water Well Contractor

RECEIVED
JUN 03 2005
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

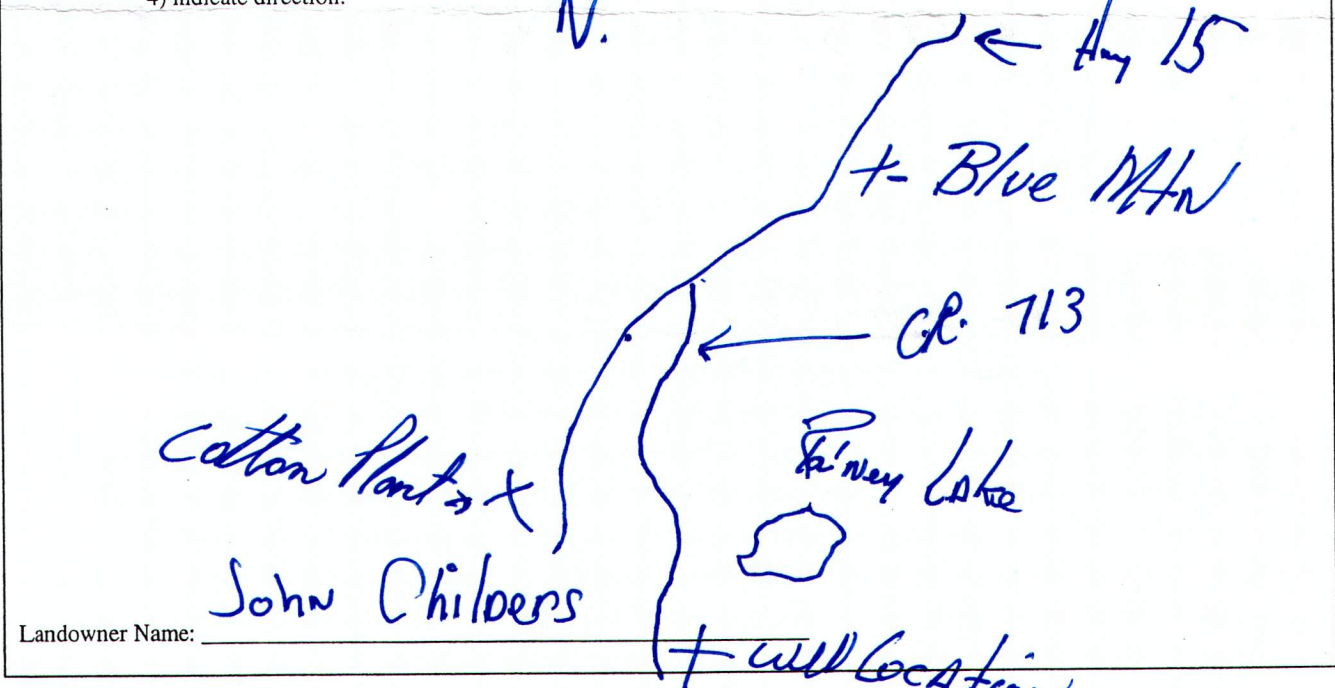


M-34

Description of Formations Encountered	From	To
top Soil, seal clay		
rock mix	0	80
grey clay silt		
iron water aquifer	80	210
clay, rock, mix	210	280
clay shell, aquifer		
	280	360

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.



James R. Mullen 0.429
Signature of Water Well Contractor

RECEIVED
JUN 03 2005
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)

County: Tippah
 Permit #: _____
 Driller: R. Medlin
 Date completed: 5-26-05

For Office Use Only:

Aquifer: _____
 Well #: M-34
 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>John Childers</u>	Latitude: <u>NA</u> Longitude: <u>NA</u>
Mailing Address: <u>710 CR 713</u> <u>Blue Mtn MS 38610</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>32</u> Twp <u>5 S</u> Rng <u>2 E</u>
Telephone No. (_____) <u>662 534 6761</u>	Distance _____ Direction _____ Nearest Town _____ <u>2 1/4</u> Miles <u>S.E.</u> of <u>Blue Mtn</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>5-25-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-25-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet <u>Below</u> Land Surface	Other (specify): <u>Nylon Cord of weights</u>
Pumping Water Level (B): <u>65</u> Feet <u>Below</u> Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet <u>Below</u> Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>5</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

R. MEDLIN 0.429 James R. Medlin
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 03 2005
 BY: OLWR