

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 #: AA-35
L. S. Elevation: N63
E-log #: _____

County: TIPPANH
Permit #: _____
Driller: R McMillin
Date drilling completed: 1-9-07

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>Carroll Bryant</u>	Latitude: <u>34° 36' 02"</u> Longitude: <u>89° 00' 18"</u>
Mailing Address: <u>Hwy 15 S</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Cotton Plant MS 38610</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>MS</u> Zip Code: <u>38610</u>	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>32</u> Twp <u>5 S</u> Rng <u>2 E</u>
Telephone No. <u>662 534 6852</u>	Distance _____ Miles _____ Direction <u>5</u> of Nearest Town <u>Cotton Plant</u>

Well Data

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

Date well drilling started: 12-28-06 Date well drilling completed: 1-9-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 1-7-07

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

Hole depth: 280 Well depth: 280 Well grouted to a depth of 30 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4" inches Type of casing: Sch 40 Pvc

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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.

Ronnie McMillin 0429
Print Name of Water Well Contractor and License No.

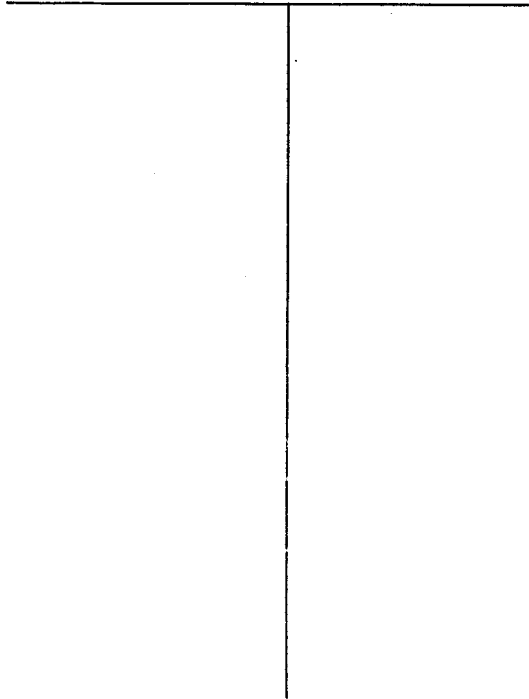
Ronnie McMillin
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

~~NA-35~~
N

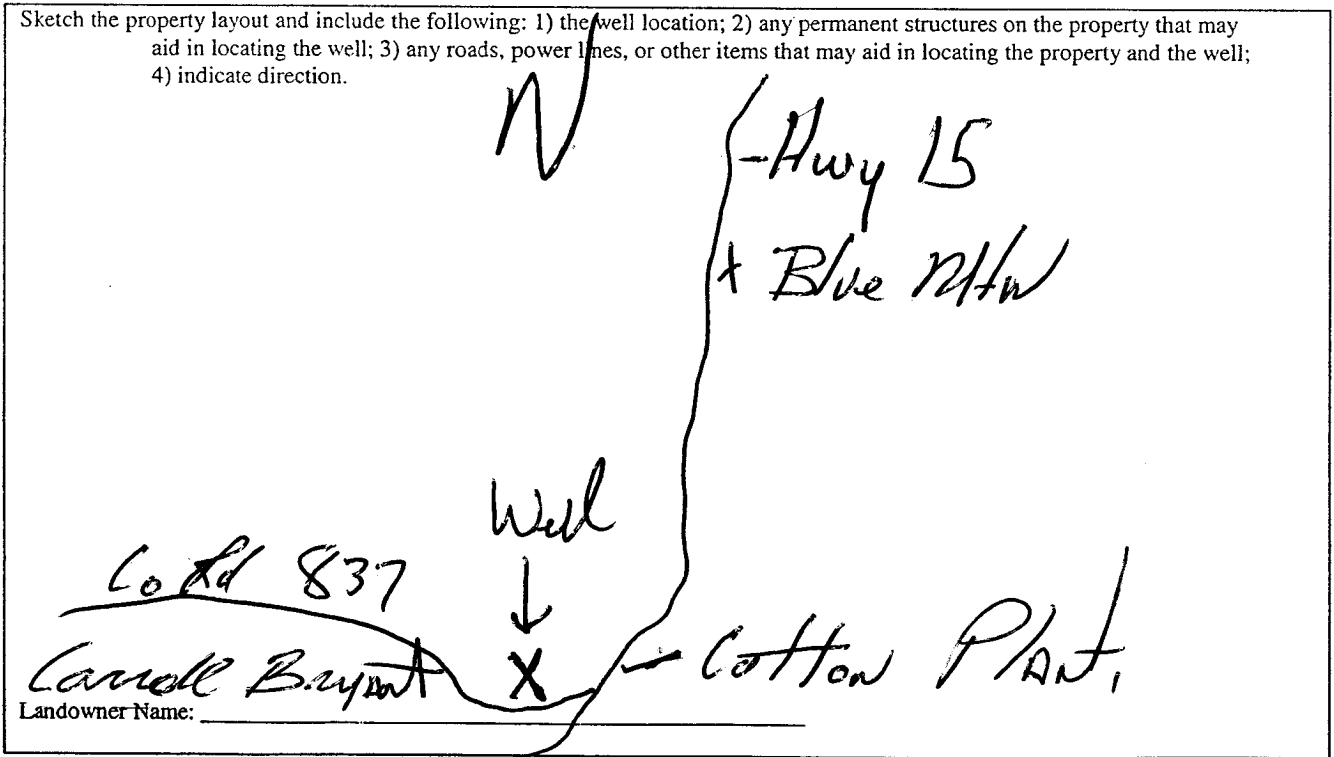
Ground Level



Description of Formations Encountered	From	To
Top Soil, Sand	0	25
Rock, Clay mix	25	120
Rock, mix	120	230
Rock, Shell		
Rock, Shell	230	280
aquifer sand		
shell		

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: Carroll Bryant

Roni Melli 0429
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: _____

Well #: AA-35

Elevation: N

County: TIPPAH
 Permit #: _____
 Driller: R MEDLIN
 Date completed: 1-9-07

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>Carroll BRYANT</u>	Latitude: <u>NA</u> Longitude: <u>89-00-18</u>
Mailing Address: <u>Co Rd 837</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Hay 15 S</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cotton Plant MS 38610</u>	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>32</u> Twn <u>5.5</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>662 534 6852</u>	<u>1/4</u> Miles <u>S</u> of <u>Cotton Plant</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>1-7-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-7-07</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>22</u> Feet <input checked="" type="radio"/> Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet <input checked="" type="radio"/> Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>4</u> feet after <u>7</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>7</u> hours	

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

Ronnie Medlin 0-429
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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