

# 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: UNION  
 Permit #: \_\_\_\_\_  
 Driller: R MEDLIN  
 Date drilling completed: 2-8-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A-44  
 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>Tommy Sullivan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>UNION Co Rd 3</u> <u>N.A.</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>4</u> Twn <u>T5</u> Rng <u>1E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>S.E</u> of <u>Hickory Flat</u>

**Well Data**

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

Date well drilling started: 1-19-02 Date well drilling completed: 2-8-06

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

Static Water Level: 140 feet above or  below (circle one) land surface Date measured: 2-6-06

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

Hole depth: 610 Well depth: 610 Well grouted to a depth of 18 feet

Type of grout (circle one):  Cement Bentonite  Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: Sch 40 P.V.C

Screen length: 60 feet Screen diameter: 2" inches Type of screen: Sch 40 P.V.C

Screen slot size: 0.13 inches Setting depth: From 550 feet to 610 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: \_\_\_\_\_

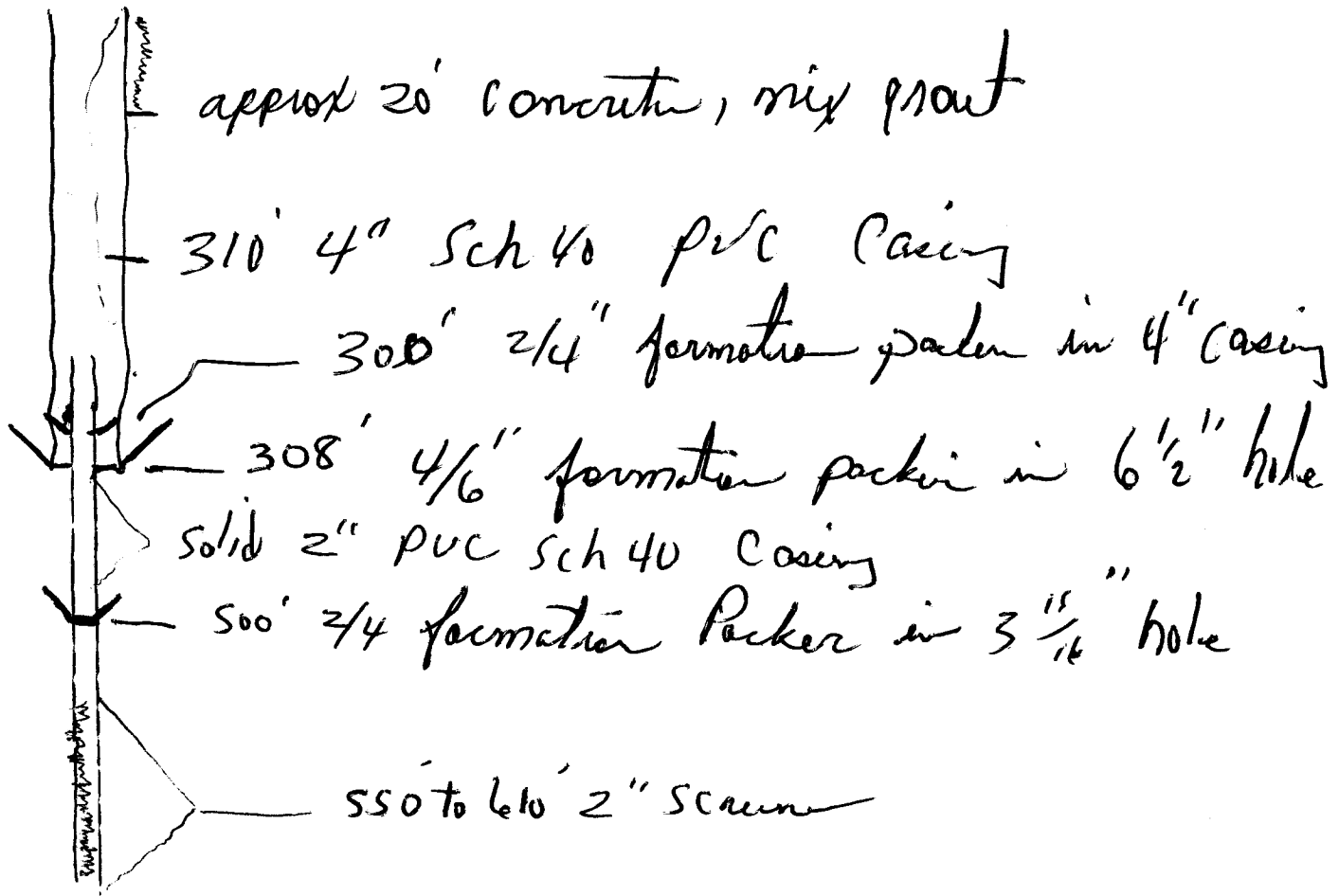
Name of organization running log(s): \_\_\_\_\_

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.

JAMES R. MEDLIN 0429  
 Print Name of Water Well Contractor and License No.

James R. Medlin  
 Signature of Water Well Contractor

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approx 20' concrete, mix grout

310' 4" Sch 40 PVC casing

300' 2/4" formation packer in 4" casing

308' 4/6" formation packer in 6 1/2" hole

solid 2" PVC Sch 40 casing

500' 2/4" formation packer in 3 15/16" hole

550 to 610' 2" screen

If well telescopes please sketch below and show depths.

A-44

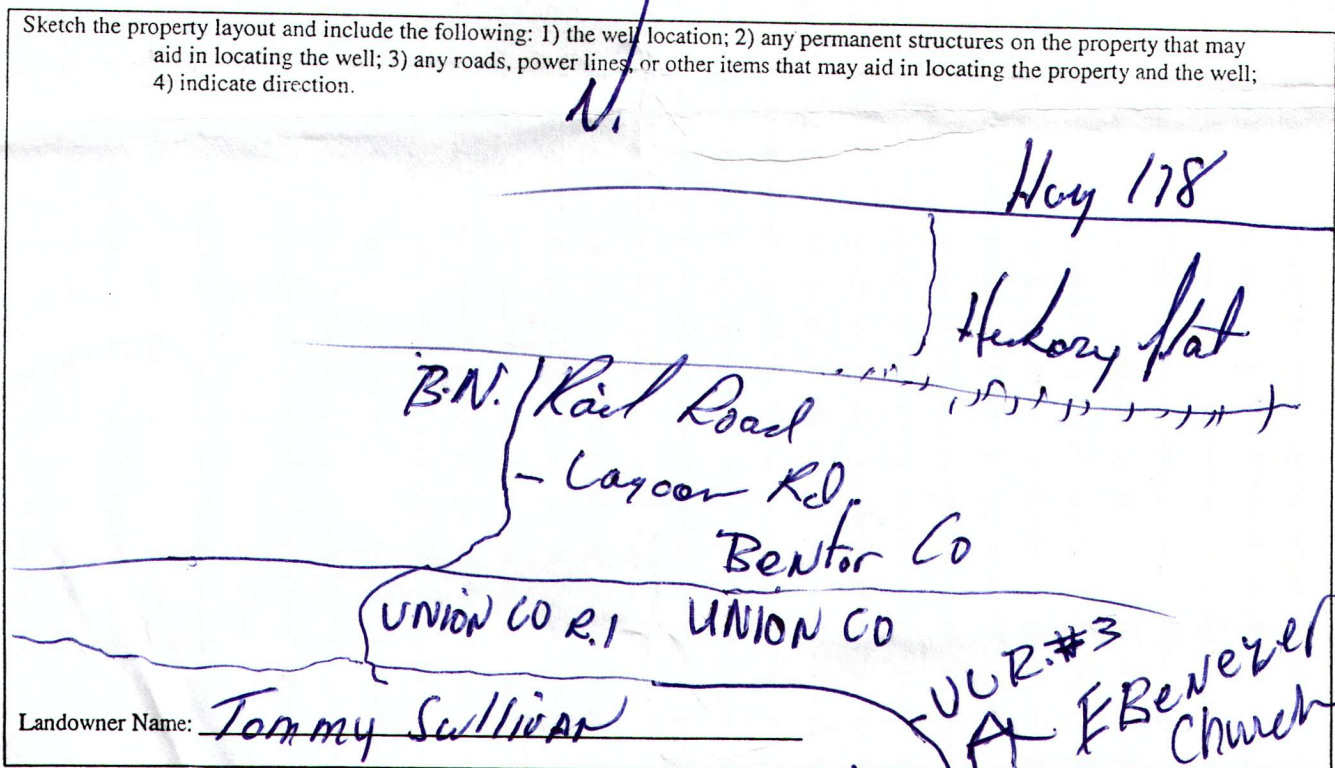
Ground Level

Description of Formations Encountered	From	To
Top Soil Red Sand		
Clay,	0	140
Mix Gray Clay		
Rock Mix	140	220
Blue Medium Soft clay	220	480
Shell Rock, aquifer sand	480	610

Sketch on BACK Part #2

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: Tommy Sullivan

James L. Muth 0.429  
 Signature of Water Well Contractor

X Well Site

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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 #: A-44  
 Elevation: \_\_\_\_\_

County: UNION  
 Permit #: \_\_\_\_\_  
 Driller: R MEDLIN  
 Date completed: 2-8-06

**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>Tommy Sullivan</u>	Latitude: <u>NA</u> Longitude: <u>NA</u>
Mailing Address: <u>UNION CO RD. NO 3</u>	Method of Lat/Long (circle one): Conventional Survey,
City: <u>MS</u> State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>6</u> Rng <u>1 E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>S.E</u> of <u>Hickory Knot</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-7-06</u>	Setting Depth: <u>190</u> feet
Rated Pump Capacity: <u>17</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-7-06</u>	Air Line      Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>140</u> Feet <input checked="" type="radio"/> Below Land Surface	Other (specify): <u>Nylon Lead &amp; Weight</u>
Pumping Water Level (B): <u>145</u> Feet <input checked="" type="radio"/> Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet <input checked="" type="radio"/> Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>5</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.

JAMES R. MEDLIN 0429      James R. Medlin  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 BY: OLWR