

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 #: A-45
L. S. Elevation: _____
E-log #: _____

County: Union
Permit #: _____
Driller: R. MEDLIN
Date drilling completed: 7-19-06

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 M WENZILL</u> | Latitude: <u>NA</u> " Longitude: _____ " |
| Mailing Address: <u>ETHA MS</u> <u>HWY 349</u> <u>ETHA MS 38627</u> City State Zip Code | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. <u>662 534-2942</u> | Distance _____ Miles Direction <u>N.W.</u> of Nearest Town <u>ENTERPRISE</u> |

Well Data

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

Date well drilling started: 7-5-06 Date well drilling completed: 7-19-06

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 7-16-06

Method of Measurement (circle one) steel tape electric tape air line other: blowdown & depth

Hole depth: 60 Well depth: 60 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: Pvc Sch 40

Screen length: 60 feet Screen diameter: 2 inches Type of screen: Pvc Sch 40

Screen slot size: 013 inches Setting depth: From 540 feet to 600 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.

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

[Signature]
Signature of Water Well Contractor



GRout 0-18'

220' 4" Sch 40

2/4" formater Packer 210'

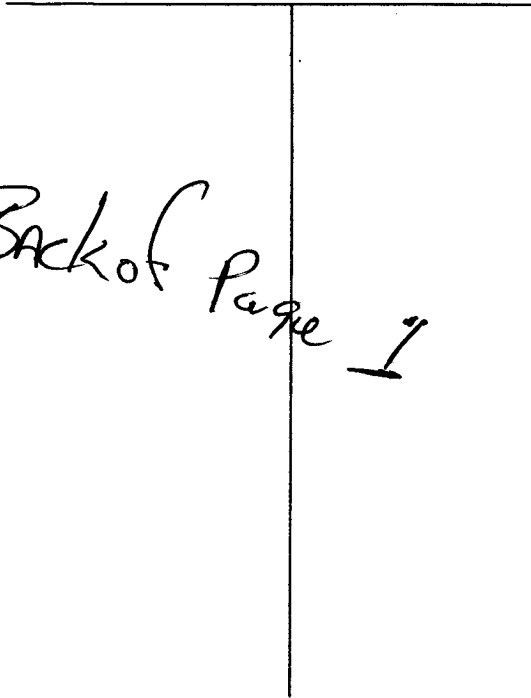
4/6 4" formater Packer 218'

3/4" formater Packer 500'

60' 2" Severe

If well telescopes please sketch below and show depths.

Ground Level

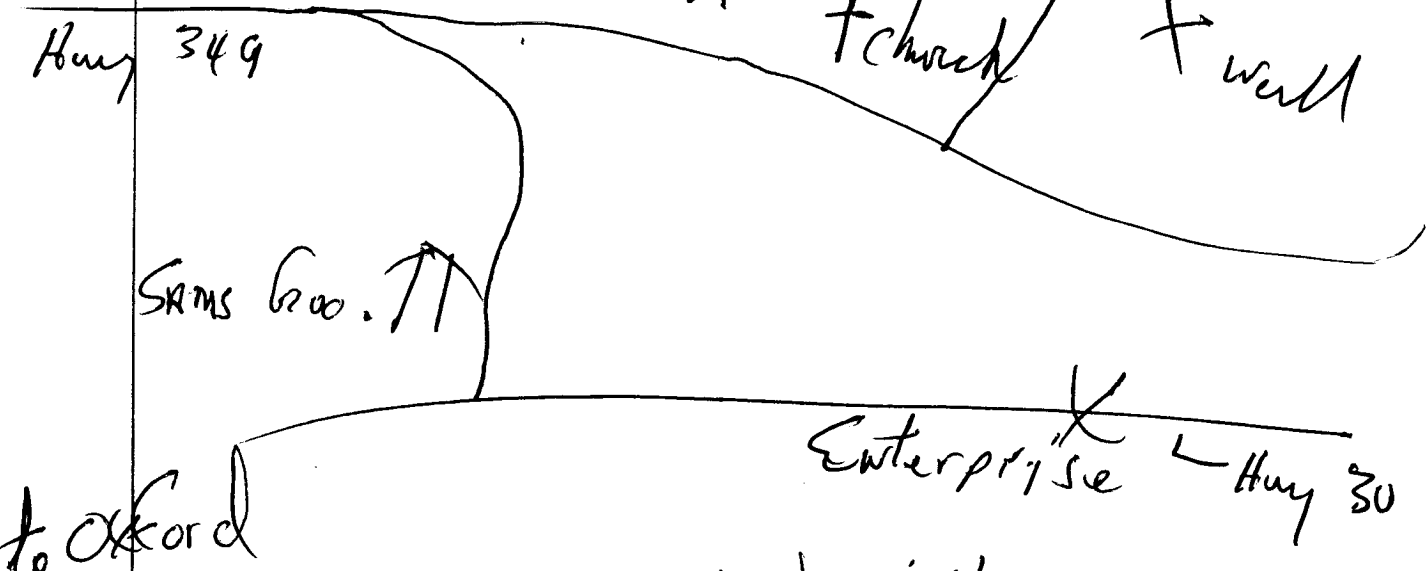


Back of Page 1

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil Rock | 0 | 6" |
| CLAY | | |
| White Clay, Sand mix | 60 | 180 |
| Blue Clay | 180 | 390 |
| Clay mix, Shell Rock | 390 | 520 |
| aquifer, SAND | 520 | 600 |

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 Marcavett Wenjill

Ray Mills 0429
Signature of Water Well Contractor

RECEIVED
JUN 14 1988
12:00 PM

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-45
 Elevation: _____

County: Union
 Permit #: _____
 Driller: R MEDLIN
 Date completed: 7-19-06

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>MS M. Wendell</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>ETTA MS Hwy 349</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>ETTA MS 38627</u> | <u>33</u> <u>6-5</u> <u>1-E</u> _____ 1/4 _____ 1/4 Sec _____ Twp _____ Rng |
| City: _____ State: _____ Zip Code: _____ | Distance: _____ Direction: _____ Nearest Town: _____ |
| Telephone No.: <u>662 534-2942</u> | <u>4</u> Miles <u>NW</u> of <u>Enterprise</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: _____ |
| Date Pump Installed: <u>7-16-06</u> | Setting Depth: _____ feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>7-16-06</u> | Air Line: _____ Electric Measuring Line: _____ <u>Steel Tape</u> |
| Static Water Level (A): <u>90</u> Feet Below Land Surface | Other (specify): <u>Water level and weight</u> |
| Pumping Water Level (B): <u>93</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown (B) - (A): <u>3</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>14</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>12</u> hours | |

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

RONNIE MEDLIN 0429 Ron Medlin
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUL 24 2006
 OFFICE OF LAND AND WATER RESOURCES