

# 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: MEALIN  
 Date drilling completed: 7-15-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D-29  
 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>LYNN FITTS</u>                   | Latitude: <u>NA</u> ' _____ " Longitude: <u>NA</u> ' _____ "                                     |
| Mailing Address: <u>N.A.</u>                    | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>CABIN ADDRESS</u> → <u>1129 UNION CK 149</u> | 1/4 _____ 1/4 Sec <u>7</u> Twn <u>6.5</u> Rng <u>4E</u>  |
| <u>Trpelol MS</u><br>City State Zip Code        | Distance <u>3 1/2</u> Miles Direction <u>W</u> of Nearest Town <u>Keownville</u>                 |
| Telephone No. <u>Cell - 401 9059</u>            |  |

Well Data

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

Date well drilling started: 7-12-05 Date well drilling completed: 7-15-05

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

Static Water Level: 80' feet above or below (circle one) land surface Date measured: 7-15-05

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

Hole depth: 120' Well depth: 120' Well grouted to a depth of 40 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4" inches Type of casing: Sch 40 pvc

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: \_\_\_\_\_ 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.

MEALIN Well Co. 0-429  
 Print Name of Water Well Contractor and License No.

James E. Meall  
 Signature of Water Well Contractor

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 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: UNION  
 Permit #: \_\_\_\_\_  
 Driller: MEDLIN  
 Date completed: 7-15-05  
*Copy information from block on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D-29<sup>th</sup>  
 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   | Well Location   |
|--|---|
| Owner Name: <u>LYNN FITTS</u>  | Latitude: <u>NA</u> Longitude: <u>NA</u>  |
| Mailing Address: <u>Cabin, 1129</u><br><u>CR 149</u><br><u>Keownville MS NA</u><br>City State Zip Code | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____<br>_____ 1/4 _____ 1/4 Sec <u>7</u> T <u>6.S</u> R <u>4.E</u> |
| Telephone No. <u>Cell, 401-9059</u>  | Distance Direction Nearest Town<br><u>3 1/2</u> Miles <u>N</u> of <u>Keownville</u>   |

| Pump Type<br>Circle one                                  | Power Type<br>Circle one                  |
|--|---|
| Air Lift Jet <input type="checkbox"/> <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>7-14-05</u>                      | Setting Depth: <u>93</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<br>Circle one       |
|---|---|
| Date Well Tested: <u>7-14-05</u>                                  | Air Line Electric Measuring Line <u>Steel Tape</u>  |
| Static Water Level (A): <u>80</u> Feet <u>Below</u> Land Surface  | Other (specify): <u>Nylon Cord of weight</u>        |
| Pumping Water Level (B): <u>85</u> Feet <u>Below</u> Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown ((B)-(A)): <u>5</u> Feet Below 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>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.  
I. MEDLIN 0429  
 Print Name of Pump Installer and License No. (if applicable) Jamie R. Medlin  
 Signature of Pump Installer

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 2005  
 BY: OLWR