

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 #: H-75
L. S. Elevation: _____
E-log #: _____

County: UNION
Permit #: _____
Driller: R. MEDLIN
Date drilling completed: 4-11-06

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>Brenda Whiteside</u>	Latitude: <u>NA</u>	Longitude: <u>NA</u>	
Mailing Address: <u>Hwy 368 EAST</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>New Albany MS 38652</u>	<u>1/4</u>	<u>1/4</u> Sec <u>21</u>	Twn <u>7-S</u> Rng <u>3-E</u>
City State Zip Code	Distance <u>5</u> Miles	Direction <u>E</u>	Nearest Town <u>New Albany</u>
Telephone No. <u>662 538 1201</u>			

Well Data

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

Date well drilling started: 4-3-06 Date well drilling completed: 4 11 06

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 4-10-06

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

Hole depth: 560 Well depth: 560 Well grouted to a depth of 16 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 310 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: 013 inches Setting depth: From 500 feet to 560 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Page 43 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 MEDLIN 0-429

Ronnie Medlin

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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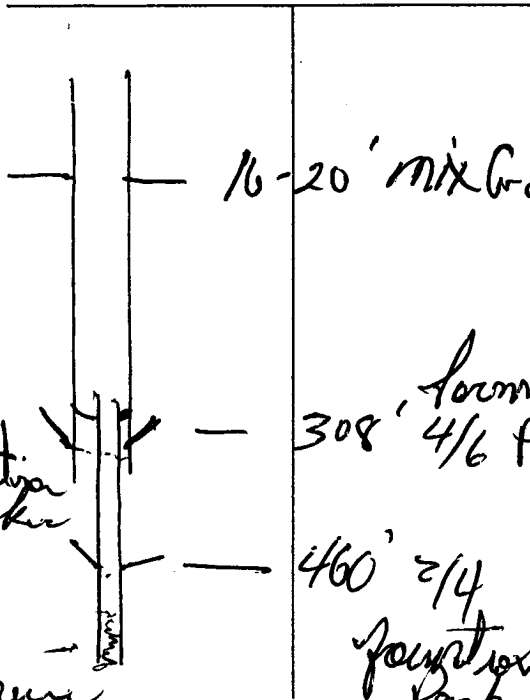
H-75

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

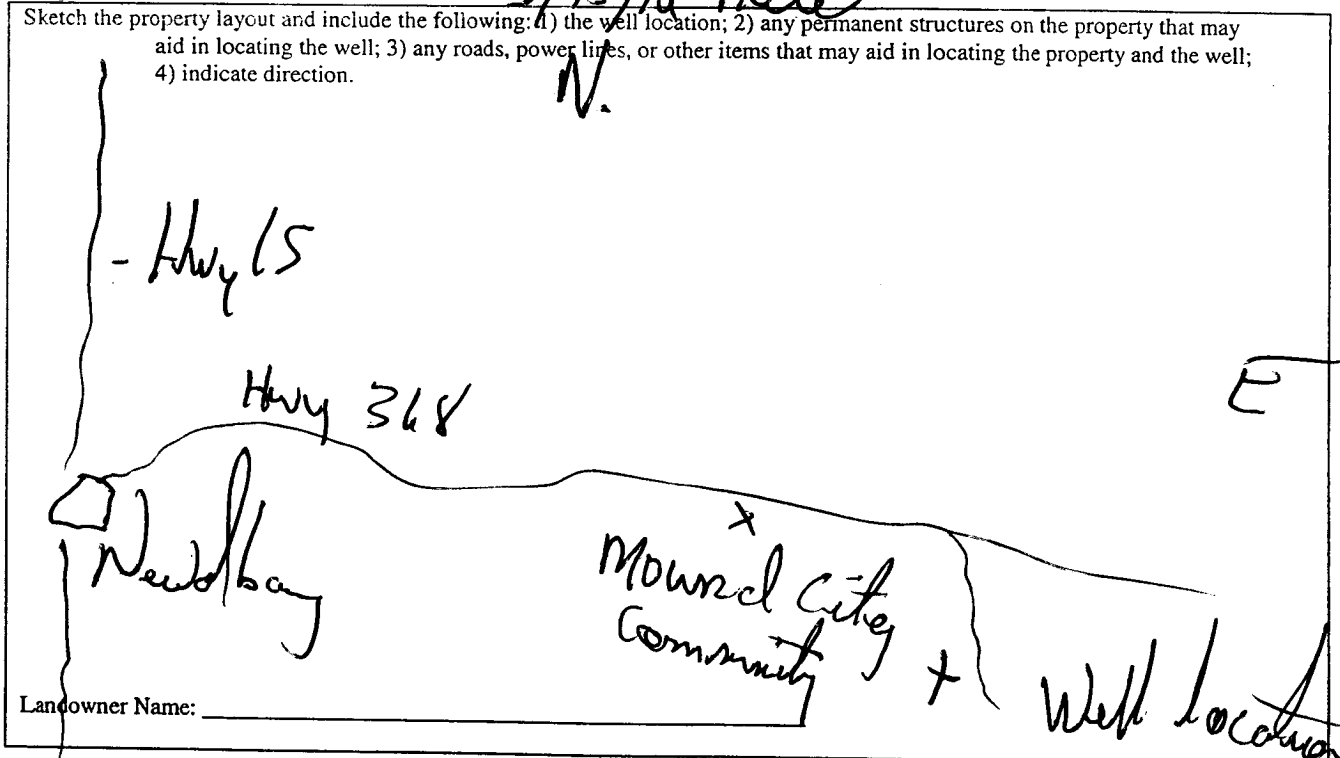
From To



Description of Formations Encountered	From	To
top soil, tree		
Clay, sand rock	0	180
Blue Clay, shell rock	180	400
Blue clay	180	400
Shell rock		
Clay Mat	400	500
Water sand aquifer	500	560

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:

Signature of Water Well Contractor: *Rami Medel 0.429*

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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 #: H-75

Elevation: _____

County: Union
 Permit #: _____
 Driller: R. Medlin
 Date completed: 4-11-06

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>Brenda White</u>	Latitude: <u>NA</u> Longitude: <u>NA</u>
Mailing Address: <u>Hwy 368 E</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>New Albany MS 38652</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>7.5</u> Rng <u>3E</u>
Telephone: <u>662 538 1201</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>E</u> of <u>New Albany</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</u>
Date Pump Installed: <u>4-10-06</u>	Setting Depth: <u>160</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>4-10-06</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>130</u> Feet Below Land Surface	Other (specify): <u>Nylon Cord weight</u>
Pumping Water Level (B): <u>135</u> Feet Below 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>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.
Rodnie MEDLIN 0-429 Rodnie Medlin
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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