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Print Name of Water Well Contractor and License No. <u>Sidney Gault #289</u> Signature of Water Well Contractor <u>Sidney Gault</u>	
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. 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.	
Name of organization running log(s): _____ Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page _____ Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet Screen length: _____ feet Screen diameter: _____ inches Type of screen: <u>PVC</u> Casing length: _____ feet Casing diameter: _____ inches Type of casing: <u>PVC</u> Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Mix Hole depth: _____ feet Well depth: _____ feet Well grouted to a depth of _____ feet Method of Measurement (circle one) <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____ Static Water Level: _____ feet above or below (circle one) land surface Date measured: <u>7/27/04</u> If flowing, method of flow regulation: Valve _____ Other (describe) _____ Date well drilling started: <u>7/27/04</u> Date well drilling completed: <u>7/27/04</u> Purpose of Well (circle one) Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
<b>Well Data</b>	
Well Owner Information Owner Name <u>Bill Messin</u> Mailing Address: <u>225 Warren Rd East</u> City <u>Greenville</u> State <u>MS</u> Zip Code <u>38703</u> Telephone No. ( ) _____	Well Location Latitude: <u>33° 28'</u> Longitude: <u>91° 4'</u> Method of Lat/Long (circle one): <input checked="" type="radio"/> Hand-held GPS, Survey-grade GPS <input type="radio"/> Conventional Survey Direction <u>NE 1/4 Sec 19 Twn 19N Rng 8W</u> Distance _____ Miles of _____ Nearest Town _____

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.

For Office Use Only:

Acquirer: \_\_\_\_\_ Well #: A-175 L. S. Elevation: \_\_\_\_\_ E-log #: \_\_\_\_\_

Part I  
 State Well 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)

Country: Washington 151  
 Permit # 00-3747  
 Driller: Sidney Gault Drilling  
 Date drilling completed: 7/27/04

GW-39747

A-175

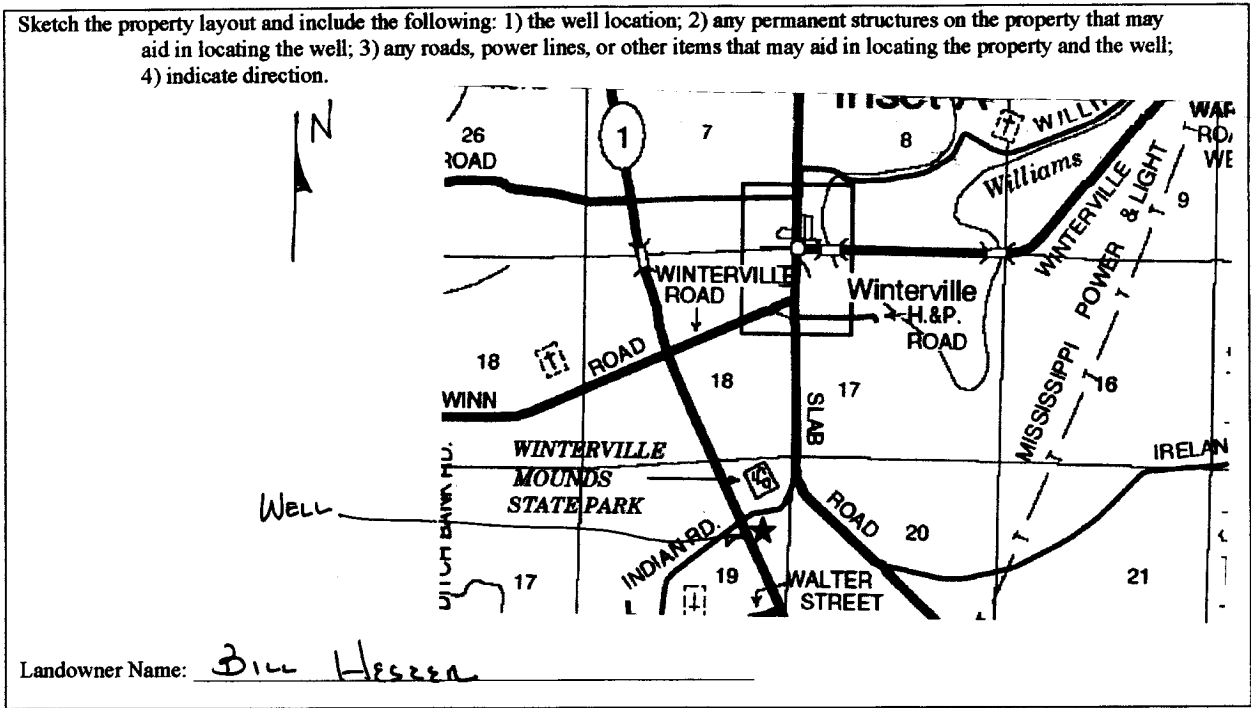
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
CLAY	0	23
SAND (FINE)	23	60
GRAVEL & COURSE SAND	60	108

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.



Jimmy Cook  
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)

County: WASHINGTON  
 Permit #: GW-39747  
 Driller: SIDNEY COOK DRILLING  
 Date completed: 7/28/04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A-175  
 Elevation: \_\_\_\_\_

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>Bill Hester</u>	Latitude: <u>33° 28'</u> Longitude: <u>91° 4'</u>
Mailing Address: <u>225 WARREN RD EAST</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS</u> quad, Hand-held GPS, Survey-grade GPS
<u>GREENVILLE</u> MS <u>38703</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>19</u> Twn <u>19N</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>1</u> Miles <u>S</u> of <u>WINTERVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>15</u>
Date Pump Installed: <u>7/28/04</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

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

WALT STEPHENS (PENDING) Walt Stephens  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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