County: Washington
Permit #: 6W39851
Driller: Clappe Smith
Date drilling completed: 10 28 04

## **State Well Report**

Part 1
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Leckson, MS 30280, 0631

P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:	
Aquifer:	_
Well #: <u>C-90</u>	_
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.

30 days of completion of drilling of the well.	•
Well Owner Information	Well Location
Owner Name Helm Plantation Partnership	Latitude:°" Longitude:°"
Mailing Address: 6062 they at North	Method of Lat/Long (circle one): Conventional Survey,
Konte 2, Box 133	USGS quad, Hand-held GPS, Survey-grade GPS
Seland, MS 38756 City State Zip Code	1414 Sec_9Twn_19N_Rng_6W
Telephone No. (662) 686-9540	Distance Direction Nearest Town  3/4 Miles NE of HELM
Well 1	Data
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
Date well drilling started: 10 28 0+ Date	well drilling completed: 10/28/04
If flowing, method of flow regulation: Valve \( \sum \) Other (d	lescribe)
Static Water Level: 46 feet above or below (circle one)	land surface Date measured: 10/28/04
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: 135 Well depth: 135	Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix	
Casing length: 75 feet Casing diameter: 16	inches Type of casing:PvC
Screen length: 50 feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size: • 050 inches Setting depth: From	75 /05 115 feet to /35 feet
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing:feet. If to	elescoped 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	
Department of Environmental Quality and/or the Mississippi Dep	partment of Health regulations and state laws.
Tommy Chrestman 0-703	James Montos
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED

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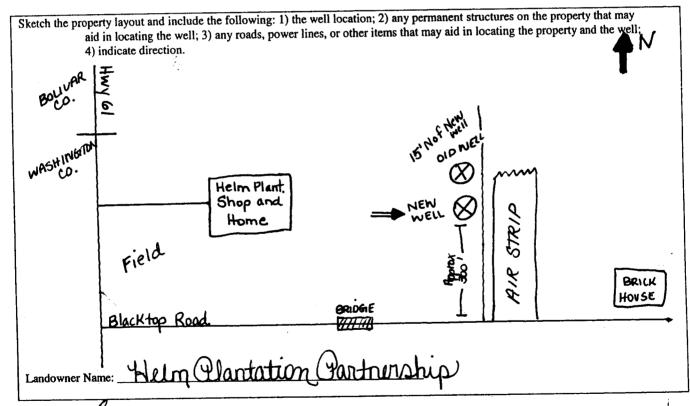
BY: OLVAR

(151)

	Ground Level	N/A	C-90
1			

Description of Formations Encountered	From	То
Clau	0	12
Streak Sand + Clay	12	40
line sand Brown	40	60
1) Coarine Sand + Giranel	60	106
June Sand Dicarne Sand + peagnand	100	130
Dicorne Sand + pea gravel	1114	133
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

Replaces old well located 15' north RECEIVED

NOV 0 5 734

BY: OLWR

Permit #:

County: Washington

## 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 #:
Elevation:

Driller: CO Date completed: 1012 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 Location Well Owner Information antation (Yanther phip Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, Mailing Address:\_ USGS quad, Hand-held GPS, Survey-grade GPS Twn 19N Rng 6W Nearest Town Direction Distance Telephone No. (662) 686-9540 3/4 Miles NE of Pump Type Power Type Circle one Circle one Diesel Enging Gasoline Engine Natural Gas Air Lift Jet Submersible Tractor PTO Hand Bucket Piston Turbine Electric Motor Flowing Well Windmill Other (specify): \_ Rotary Centrifugal Horse Power Rating of Motor: Other (specify): Setting Depth: Date Pump Installed: \_\_\_ Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Well Not 185180 Steel Tape Air Line **Electric Measuring Line** Feet Below Land Surface Static Water Level (A): \_ Other (specify): Pumping Water Level (B): N/A Feet Below Land Surface Drawdown [(B) - (A)]: NA Feet Below Land Surface For flowing well, measured shut in head: Gallons Per Minute Well yielded GPM with a drawdown of Test Pumping Rate: \_\_\_\_ feet after NA Duration of Pump Test (minimum 4 hours): \_\_\_\_\_\_hours bours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge Signatur of Pump Insta Print Name of Pump Installer and License No. (if applicable)