

### State Well Report

#### Part I - Driller's Log

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 #: GW41027  
 Driller: Shane Partridge  
 Date drilling completed: 4-11-06

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-177  
 L. S. Elevation: \_\_\_\_\_  
 F-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Delta Branch Experiment Station</u>	Latitude: <u>N 33° 24' 39"</u> Longitude: <u>W 090° 55' 03"</u>
Mailing Address: <u>P.O. Box 197</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>47</u>
<u>Stonerville MS 38776</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW. NW. Sec 76 Twn 18N Rng 7W</u>
Telephone No. <u>(602) 686-3207</u>	Distance _____ Miles Direction <u>15</u> Nearest Town _____ of _____

**Well / Borehole Data**

Date drilling started: 4-11-06 Date drilling completed: 4-11-06 Hole depth: 108' Hole diameter: 24"

Location of the source of any surface water used for drilling: Old Frigation well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level 21 feet above or below (circle one) land surface Date measured: 4-13-06

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 108 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 68 feet to 108 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: N/A feet. *If telescoped or more than one screen, describe on next page*

Form OLWR-SWR-1A

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6W41027

E-177

The sketch below only required for water wells

If well telescopes, show depth on sketch.

Ground Level →

Description of formations encountered must be provided for all wells and borcholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	12
Clay	12	22
Clay & 2 lb. Sand	22	32
2 in Sand & Gravel	32	42
Course Sand & Gravel	42	52
Course Sand & Gravel	52	62
Course Sand & Gravel	62	72
Course Sand & Gravel	72	82
Course Sand & Gravel	82	92
Course Sand & Gravel	92	102
Course Sand & Gravel	102	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) a north arrow

Landowner Name: Delta Branch Experiment Station

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Thomas G. Christman 0-703      4-13-06      *Thomas G. Christman*

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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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 #: E-177

Elevation: \_\_\_\_\_

County: Washington

Permit #: GW41027

Driller: Shaw Partridge

Date completed: 4-11-06

*Copy information from block on Part 1*

*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>Delta Branch Experiment Station</u>	Latitude: <u>N 33° 24' 839"</u> Longitude: <u>W 090° 55' 013"</u>
Mailing Address: <u>P.O. Box 197</u>	Method of Lat/Long (check one): <u>Conventional Survey</u> <sup>50</sup> <sub>47</sub>
<u>Stoneville, MS 38776</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>16 T. 19 N. R. 7 W</u>
Telephone No. <u>(662) 686-3207</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-13-06</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not tested</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Chrestman 0-703 Thomas G. Chrestman

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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