

427

County Washington
 Permit # GW 41075
 Driller Shane Partridge
 Date drilling completed 5-17-06

State Well Report
Part 1 - 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)

For Office Use Only:
 Aquifer: _____
 Well # G-323
 T.S. Elevation 118
 E-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>B + M Land Co.</u> Mailing Address: <u>143 North Edison</u> <u>Greenville, MS 38701</u> City State Zip Code Telephone No <u>(662) 820-5263</u>	Latitude <u>33° 20' 51.2" N</u> Longitude <u>91° 01' 43.7" W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW, SE</u> Sec <u>9</u> Twn <u>12</u> Rng <u>8W</u> Distance Direction Nearest Town _____ Miles _____ of _____		

Well / Borehole Data

Date drilling started: 5-17-06 Date drilling completed: 5-17-06 Hole depth: 93 Hole diameter: 20"

Location of the source of any surface water used for drilling: LAKE

Method of dosing and volume of Chlorine used in drilling and development: N/A

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

Name of organization running logs: _____

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: 5/19/06

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

Well depth: 93 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 8 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 8 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 66 feet to 86 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*

41075

JUL-15-2006 08:46 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/2

427

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-41075
 Driller: Shane Partridge
 Date completed: _____
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: GW-323
 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>BIM Land Co.</u>	Latitude: <u>N 33° 20' 51.2"</u>	Longitude: <u>W 091° 01' 43.2"</u>	
Mailing Address: <u>143 North Edison</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>		
<u>Greenville MS 38701</u>	USGS quad _____	Hand-held GPS _____	Survey-grade GPS _____
City State Zip Code	1/4 _____	1/4 Sec <u>9</u>	T. <u>17</u> R. <u>8</u> S. <u>8W</u>
Telephone No. <u>(662) 820-5263</u>	Distance <u>3</u> Miles	Direction <u>SE</u>	Nearest Town <u>#1</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<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>10</u>		
Date Pump Installed: <u>7-14-06</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>250</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>NOT TESTED</u>	Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A): _____ 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 _____ feet after _____ hours of pumping		
Test Pumping Rate: <u>N/A</u> Gallons Per Minute			
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 Christman 0703 Print Name of Pump Installer and License No. (if applicable)

Thomas G Christman Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

JUL 17 2006

BY: OLWR