

P. Bell

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 #: G-338
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: 61042401
Driller: J. NEWCOME 0-773
Date drilling completed: 3-28-08

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>PERCY BELL</u>	Latitude: <u>33.20.28"</u> Longitude: <u>91.06.55"</u>
Mailing Address: <u>1270 HIGHLAND PLANTATION</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>GREENVILLE, MS 38701</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 4 Twn 17N Rng 9W</u>
Telephone No: <u>662-378-2772</u>	Distance <u>7</u> Miles Direction <u>SE</u> of Nearest Town <u>GREENVILLE</u>

Well Data

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

Date well drilling started: 3-28-08 Date well drilling completed: 3-28-08

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 98 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 70 feet to 95 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: _____ 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.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

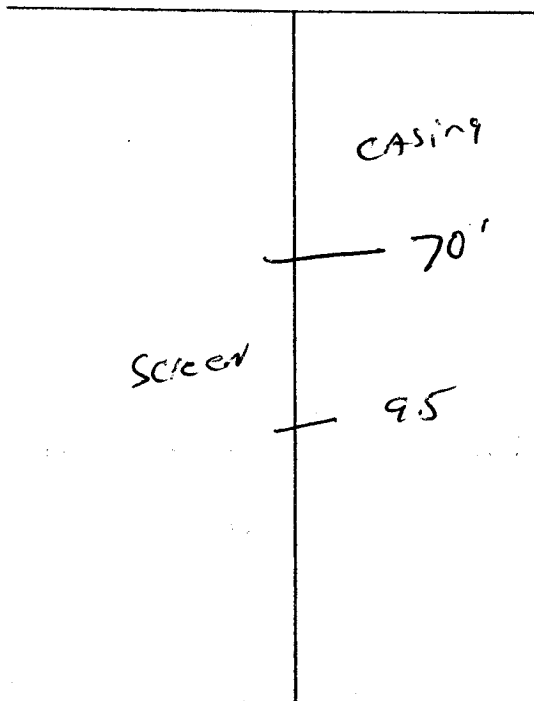
[Signature]
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

G-338

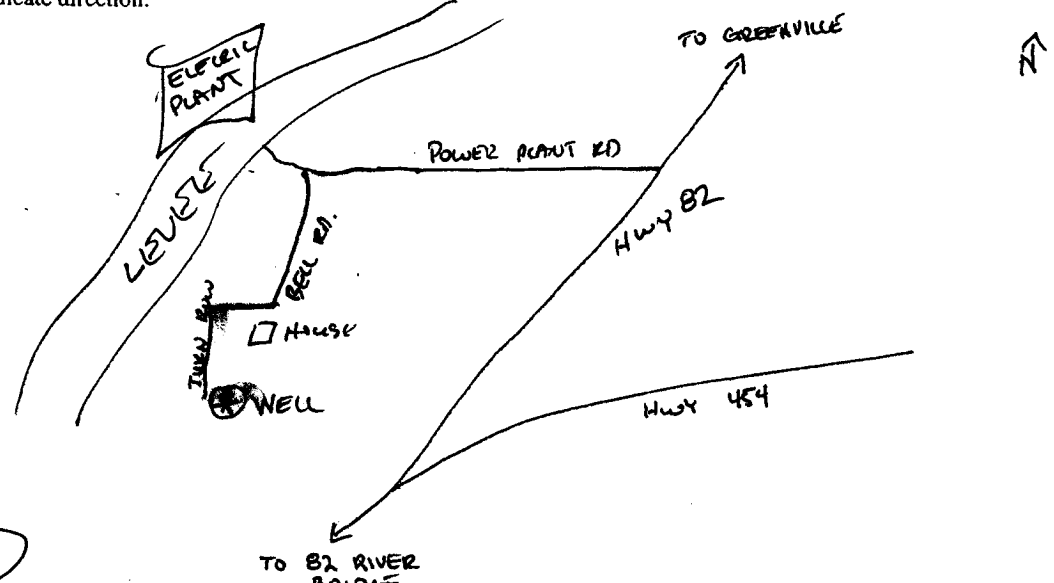
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	38
FINE SAND	38	70
Med COARSE Sand	70	90
Gray CLAY	90	98

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: Percy BELL

[Signature]
Signature of Water Well Contractor

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 #: @W42401
 Driller: J. NEWCOME 0-773
 Date completed: 3-28-08

For Office Use Only:

Aquifer: _____
 Well #: G-338
 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>PERCY BELL</u> Mailing Address: <u>1270 HIGHLAND PARK</u> <u>GREENVILLE MS. 38701</u> City State Zip Code Telephone No: <u>662-378-2772</u>	Latitude: <u>33-20-28</u> Longitude: <u>91-06-55</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 NW 4 Twn 17N Rng 9W</u> Distance Direction Nearest Town <u>7</u> Miles <u>SE</u> of <u>GREENVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>3-29-08</u> Rated Pump Capacity: <u>1500</u> Gallons Per Minute	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2-Stage 102S</u>

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

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

GLEN ROWE #710P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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 BY: OLWR