

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 #: #-	198	
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 Kent Hilburn	Latitude: 33.0 19 .13N." Longitude: 90. 53. 24W			
Mailing Address: 15 Valcourt Place	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
The Woodlands, TX	SW 1/4 SE 1/4 Sec 14 Twn 17N Rng 7W			
City State Zip Code	Distance Direction Nearest Town 3 Miles North of Arcola			
77382 Telephone No. ()	wines NOTE of ATCOTA			
Well 1	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Inigation Fish Culture Other:			
Date well drilling started: 11-2-05 Date w	well drilling completed: 11-2-05			
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level: 29' feet above or below (circle one) i	and surface Date measured: 11-3-05			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 116 Well depth: 116	Well grouted to a depth offeet			
Type of grout (circle one): Cement Sentonile Mix				
Casing length: 76 feet Casing diameter: 16	_inches Type of casing: PVC Sch. 40			
Screen length: 40 feet Screen diameter: 16	inches Type of screen:PVC Sch. 40			
Screen slot size:				
Type of completion (circle all applicable): Gravel packed Under	reamed 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.				
Irrigation Equipment Inc. Patrick M. Chism 0695	Patil no pl			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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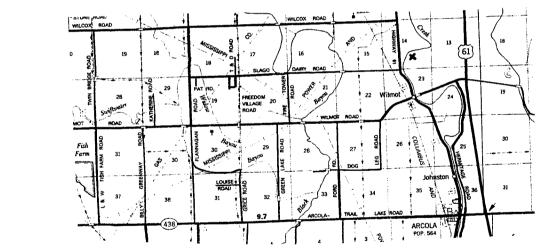
BY: OLWR

Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	31
Fine Sand/gravel	32	52
Fine Sand Fine Sand/gravel Med. Sand/gravel	5.3	116
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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:

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

County: Washington Irrigation Equipment

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources Inc.

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

For Office Use Only:	
Aquifer:	
Well #: H -	198
Elevation:	

Date completed: 11-3-03	(601)354-6938 (fax)
installation of pump.	er in detail and filed with the Department within 30 days of the
Well Owner Information	Well Location
Owner Name ent Hilburn	Latitude:Longitude:
Mailing Address: 15 Valcourt Place	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
The Woodlands, TX 7	77382
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	3 Miles North Arcola
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Thesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor: 60
Date Pump Installed: 11-3-05	Setting Depth: 70 feet
Rated Pump Capacity: 2200 Gallons Per Min	Number of Stages:2
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):Feet Below Land Sur	urface
Pumping Water Level (B):Feet Below Land Sur	offace Other (specify):
Orawdown [(B) - (A)]:Feet Below Land Sur	reface For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Min	nute Well yieldedGPM with a drawdown of
Duration of Pump Test (minimum 4 hours):ho	ourshours of pumping
	^
I HEREBY CERTIFY that the above statements are true to	the best of my knowledge/
Patrick M. Chism 0695 Print Name of Pump Installer and License No. (if applicable	e) Signature of Pump Installer
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