

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: H 221
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-44750
Driller: J NEWCOME
Date drilling completed: 3-3-11

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>Alexander Robertson</u>	Latitude: <u>33.21.08</u> "	Longitude: <u>90.55.00</u> "	
Mailing Address: <u>3305 Hwy 61 South</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Leland MS 38156</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>4</u>	Twn <u>17N</u>	Rng <u>07W</u>
Telephone No. () _____	Distance <u>4</u> Miles	Direction <u>SW</u>	Nearest Town <u>LELAND</u>

Well Data

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

Date well drilling started: 3-3-11 Date well drilling completed: 3-3-11

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: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screens slot size: .050 inches Setting depth: From 60 feet to 100 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 0-7773
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

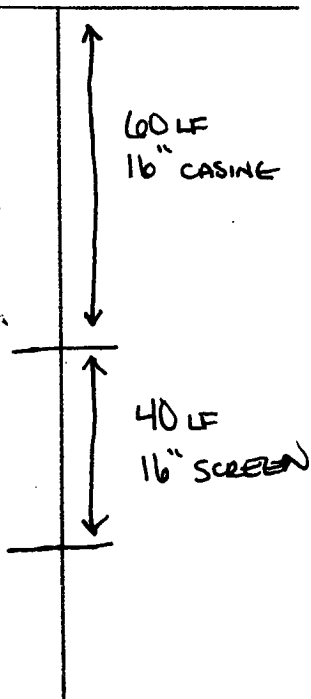
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BY: [Signature]

If well telescopes please sketch below and show depths.

Ground Level



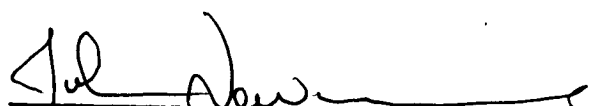
Description of Formations Encountered	From	To
TOP SOIL	0	10
FINE SAND / MIX CLAY	10	40
FINE / MED SAND	40	60
COARSE SAND / PEA GRAVEL	60	100
BOTTOM	100	103

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.

SEE ATTACHMENT

Landowner Name: _____



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 #: GW-44750
 Driller: J. Newcome
 Date completed: 3/3/11

For Office Use Only:

Aquifer: _____
 Well #: _____
 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>Alexander Robertson</u> Mailing Address: <u>3305 Hwy 61 South</u> <div style="text-align: center;"> <u>Leland MS 38756</u> <small>City State Zip Code</small> </div> Telephone No. (____) _____	Latitude: <u>33°21'08"</u> Longitude: <u>090°55'08"</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>4</u> Twn <u>17N</u> Rng <u>07W</u> Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>3/4/11</u> Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface 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 Electric Measuring Line <u>Steel Tape</u> 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.

Cony Rowe 0-711P CRowe
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAR 28 2011
 BY: DLWR