

County: WASHINGTON

Part 1

For Office Use Only:

Permit #: _____

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)

Aquifer: _____
Well #: J-80
L. S. Elevation: _____
E-log #: _____

Driller: Quicot Irrigation

Date drilling completed: 7-24-05

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>RALPH AZLIN</u>	Latitude: <u>33.36.337N</u>	Longitude: <u>090.14.115W</u>	
Mailing Address: <u>500 GENEILLE RD</u>	Method of Lat/Long (circle one): Conventional Survey, <u>20 03 48 33</u>		
<u>LELAND, MS. 38756</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 10 Twn 17N Rng 6W</u>		
Telephone No: <u>601 686-4858</u>	Distance: <u>4</u> Miles	Direction: <u>N</u>	Nearest Town: <u>TRAIL LAKE</u>

Well Data

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

Date well drilling started: 7-27-05 Date well drilling completed: 7-27-05

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 7-27-05

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

Hole depth: 93 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 65 feet to 90 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.

JAMES McDONALD #332 James McDonald
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

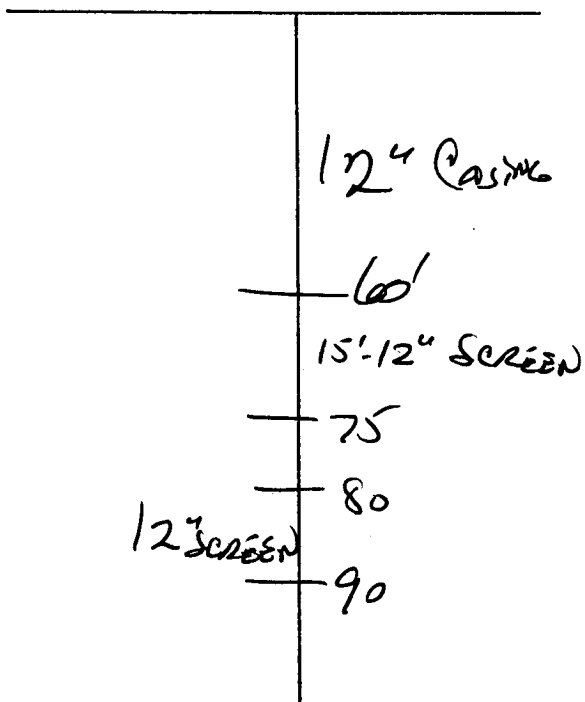
FILED
JUL 27 2005
MISSISSIPPI

AZLIN

J-80

If well telescopes please sketch below and show depths.

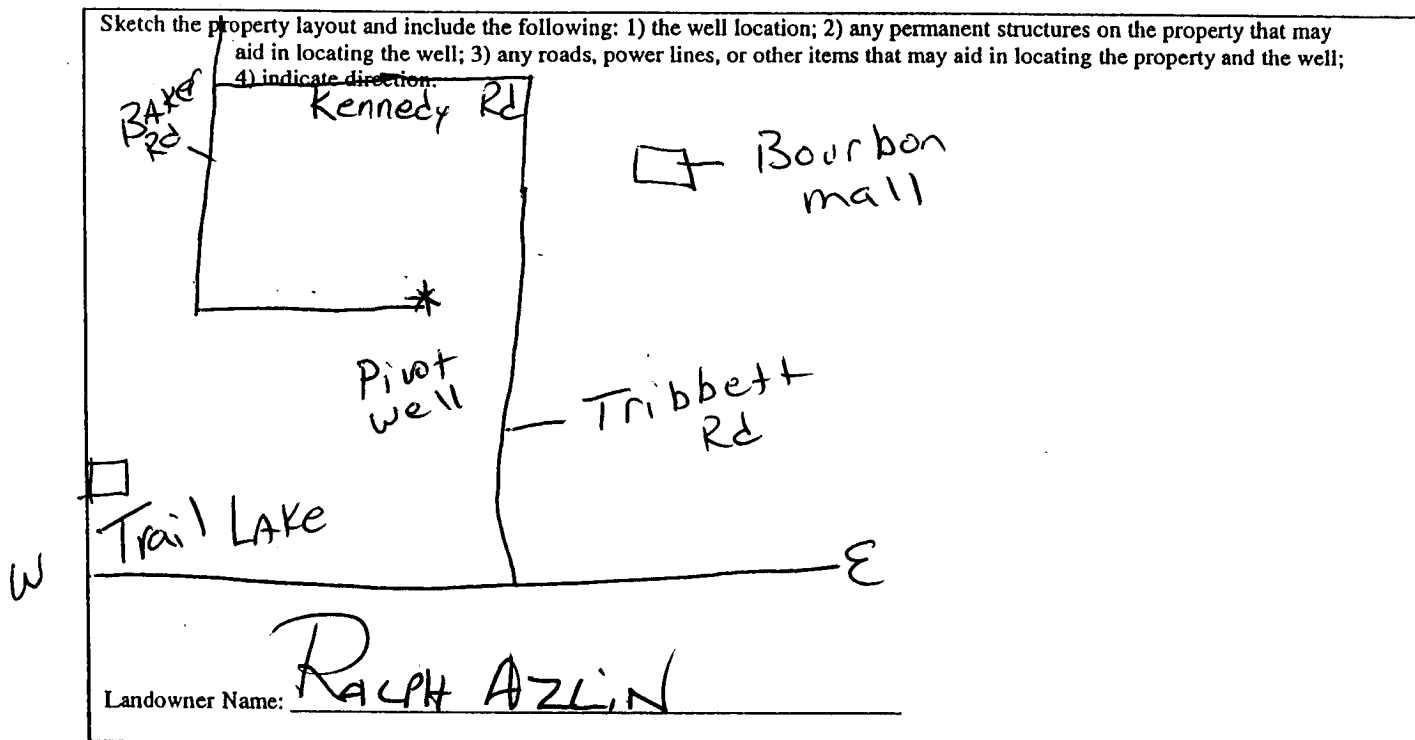
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	30
FINE SAND	30	60
COARSE SAND	60	75
FINE BLACK SAND	75	80
GRAVEL	80	90
BIG ROCK	90	93

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.



Gamer McDonald
Signature of Water Well Contractor

RECEIVED
DATE
BY: OLWH

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 #: <u>J-80</u>
Elevation: _____	

County: WASHINGTON
 Permit #: _____
 Driller: CLAYTON IRRIGATION
 Date completed: 7-24-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> Owner Name: <u>RALPH AZZIN</u> Mailing Address: <u>500 GENEVIEVE RD</u> <u>LELAND, MS. 38756</u> <small>City State Zip Code</small> Telephone No. <u>662-486-4858</u>	<p style="text-align: center;">Well Location</p> Latitude: <u>33-36-33</u> ^N Longitude: <u>90-44-11</u> ^{SW} <small>20 03 48 33</small> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 10 Twn 17N Rng 6W</u> Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>TRAIL LAKE</u>
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<p style="text-align: center;">Pump Type Circle one</p> Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>7-25-05</u> Rated Pump Capacity: <u>600</u> Gallons Per Minute	<p style="text-align: center;">Power Type Circle one</p> <u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>600</u> feet Number of Stages: <u>3</u>
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<p style="text-align: center;">Pump Test Data</p> Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): <u>NOT TEST</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>0</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

RECEIVED
 BY _____