

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
 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 #: J130  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

6

County: Washington  
 Permit #: MS-GW-41984  
 Driller: JAMES HAEGER  
 Date drilling completed: 4-18-07

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. 0917N06W

Well Owner Information	Well Location
Owner Name: <u>Charles Dean, Jr Etux</u>	Latitude: <u>33° 20' 17"</u> Longitude: <u>90° 49' 20"</u>
Mailing Address: <u>204 S. Deer Creek Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Leland MS 39756</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 9 Twn 17N Rng 6W</u>
Telephone No. <u>662-</u>	Distance Direction Nearest Town
	<u>6 Miles SE of LELAND</u>

**Well Data**

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

Date well drilling started: 4-18-07 Date well drilling completed: 4-18-07

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

Static Water Level: 17 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 104 Well depth: 104 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 64 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 64 feet to 104 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.

J HAEGER well service (542)  
 Print Name of Water Well Contractor and License No.

James Haeger  
 Signature of Water Well Contractor

# RECEIVED

41984

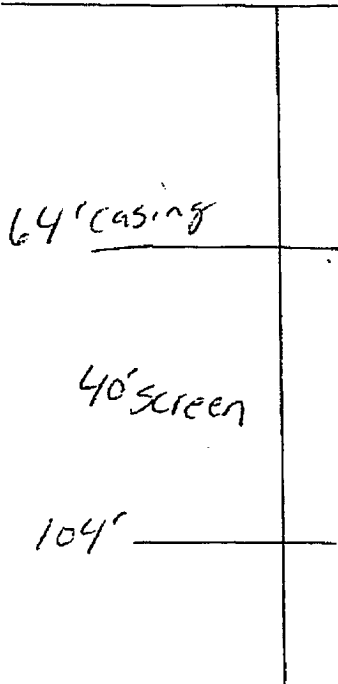
JUL 19 2007

YMD JOINT WATER MANAGEMENT DISTRICT

J130  
GW41984

If well telescopes please sketch below and show depths.

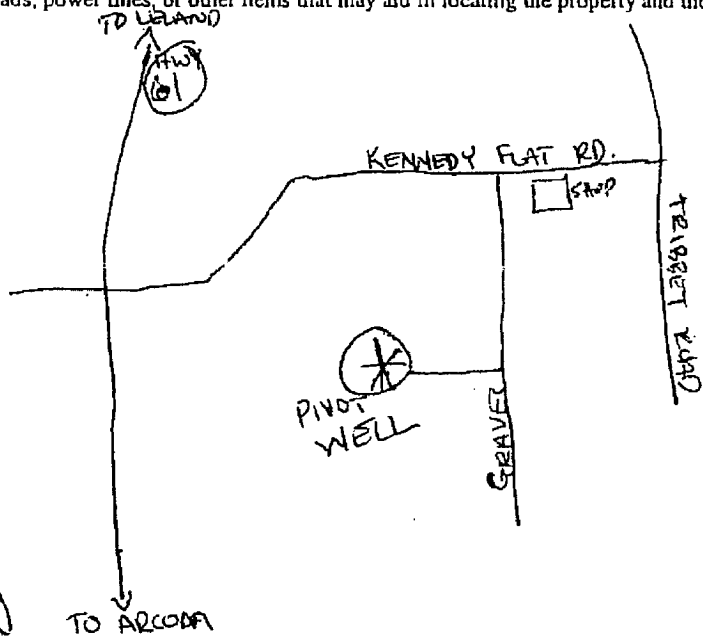
Ground Level



Description of Formations Encountered	From	To
Clay	0	10
fine sand	10	30
medium	30	75
Coarse	75	101
Clay	101	104

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: DEAN & DEAN TO ARCODA

James Hagan  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: J130

Elevation: \_\_\_\_\_

County: WASHINGTON

Permit #: GW41984

Driller: JAMES HAGGAR

Date completed: 4-18-07

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>Charles Dean Jr Etxo</u>	Latitude: <u>33-20-17</u> Longitude: <u>90-49-20</u>
Mailing Address: <u>204 South Deer Creek Dr NW</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Leland, MS 38756</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 9 Twn 17N Rng 6W</u>
Telephone: <u>none</u>	Distance Direction Nearest Town
	<u>6 Miles SE of Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket: <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>5-15-07</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>3-STAGE 12BH FOR P1008</u>

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

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

CHEN ROWE #7108  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer