	State Well R	eport	·····
County: Washington	Part 1	T	For Office Use Only:
Permit #: 6W40471	Mississippi Department of En		Aquifer:
Irrigation Equipment	Office of Land and Wa P.O. Box 10		Well #: <u>Q - 131</u>
Driller:	Jackson, MS 392		L. S. Elevation:
Date drilling completed: $6-24-05$	(601)961-52		T 1 #-
	(601)354-6938	(lax)	E-log #:
State Law requires that this rep		in detail and filed w	ith the Department within
30 days of completion of drilling Well Owner Informa		We	Location
Owner Name Fontenot & F	ontenot Latin		³ ³ Longitude: 90 .44 .2.7
Mailing Address: Box 337	Metho	od of Lat/Long (circle of	ne): Conventional Survey,
	ia)(1		GPS, Survey-grade GPS
	Wu	1/4 NW 1/4 Sec_ 32	<u>Twn_15N_Rng_5W</u>
Hollandale, City Sta		ce Direction	Nearest Town
2	2		of Murphy
Telephone No. ()			
	Well Data	_	Replacement
If flowing, method of flow regulation: Val Static Water Level: <u>21'</u> feet ab Method of Measurement (circle one) st	pove or below (circle one) land sur	face Date measured:	
107	·		
Hole depth: <u>2</u> / Well dep	\frown	grouted to a depth of _	feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: <u>87</u> feet Casir	ng diameter: <u>16</u> inche	s Type of casing:	PVC Sch.40
Screen length: <u>40</u> feet Scree	en diameter: <u>16</u> inche	s Type of screen:	PVC Sch.40
Screen slot size:050inches		e Back	
Type of completion (circle all applicable):	fravel packed Underreamed	Telescoped Open	hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If telescope	l or more than one scr	een, describe on back of page
Logs run (circle all applicable) No log rui			
	n Electric Gamma Kay Dens	ly Some Neutron	
Name of organization running log(s):	ucted, and completed in accorde	nce with all annlicable	requirements of the Mississin
Name of organization running log(s): I certify that the well was drilled, constru- Department of Environmental Quality at	-		• • •

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Q-131

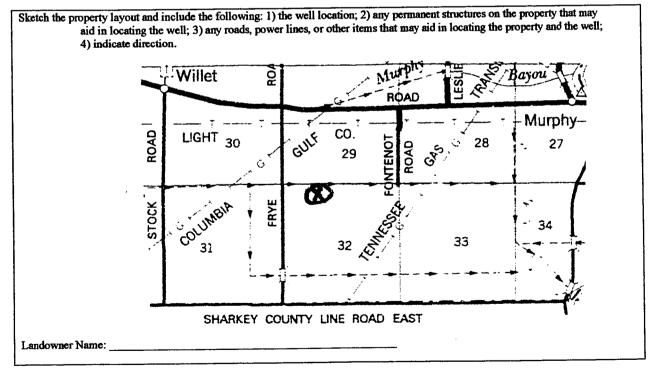
If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	То
Clay	0	45
Fine Sand	46	65
Coarse Sand/gravel	66	<u>100</u>
Med. Sand	101	105
Coarse Sand/gravel	106	127
	ļ	
Saroon 81 100		
<u>Screen 81-100</u> Screen 108-127	<u> </u>	
Screen 108-127	<u> </u>	
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

	STATE WELL REPORT	
County: Washington	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit # 6 W 40471	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Irrigation Equipment	P.O. Box 10631 Jackson, MS 39289-0631	Well #: Q - 131
Date completed: $6-25-05$	(601)961-5210 (601)354-6938 (fax)	Elevation:

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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 Infor	mation		Well Location	
Owner Name:	Fontenot & 1	Fontenot	Latitude:	Longitude:	· · · · · · · · · · · · · · · · · · ·
Mailing Address:	Box 337		Method of Lat/Lon	ng (circle one): Conventio	onal Survey,
	· · · · · ·		USGS o	quad, Hand-held GPS, S	urvey-grade GPS
		le, MS 38748 Mate Zip Code	<u> </u>	¹ / ₄ Sec <u>32</u> Twn <u>1</u>	5N Rng 5W
		-	Distance I	Direction Nearest	Fown
Telephone No. (_)		2 Miles	est_of_Murphy	Y
	Pump Type Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	urbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify): _			Horse Power Ratin	g of Motor: <u>60</u>	
	led: <u>6-2</u>		Setting Depth:	60	feet
Rated Pump Capa	2500-3000 acity:) Gallons Per Minute	Number of Stages:	1	
	Pump Test D	ata	Met	thod of Measuring Wate Circle one	er Level

-	Circle one
Date Well Tested:	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping

I HEREBY CERTIFY that the above statements are true to the be	est of my my wiedge.
Patrick M. Chism 0695	Patrick on chin
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer