

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 #: Q-140
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: 6W 40558
Driller: Chicot Irrigation
Date drilling completed: 7-21-05

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>GENE STOCK</u>	Latitude: <u>33° 06' 63.6" N</u> Longitude: <u>090° 45' 06.7" W</u>
Mailing Address: <u>1371 MURPHY RD.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>HOLLANDALE, MS. 38748</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 31 Twn 15N Rng 5W</u>
Telephone No: <u>662-820-6168</u>	Distance: <u>7</u> Miles <u>EAST</u> of <u>HOLLANDALE</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: AUG 25 2005

Date well drilling started: 7-21-05 Date well drilling completed: 7-21-05

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

Static Water Level: 28 feet above of below (circle one) land surface Date measured: 7-21-05

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

Hole depth: 153 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 116 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 116' feet to 150' 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 M. DONALD #332
Print Name of Water Well Contractor and License No.

James M. Donald
Signature of Water Well Contractor

40558

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 #: GW40558
Driller: CHUCK TRAVIS
Date completed: 7-21-05

For Office Use Only:

Aquifer: _____
Well #: Q-140
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>GENE STOKK</u>	Latitude: <u>33-06-634</u> Longitude: <u>090-45-067W</u>
Mailing Address: <u>PO Box 1371 Murfreesboro</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Hollandale MS 38748</u>	USGS quad, <u>SE 1/4 SW 1/4 Sec 31 Twn 15N Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>662-820-6168</u>	<u>7</u> Miles <u>EAST</u> of <u>HOLLANDALE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-22-05</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>No Test</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2000</u> 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.

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