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new some trucking

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 #: 5-149
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: 0-773
Driller: JOHN NEWCOME
Date drilling completed: 12-22-05

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>JIM NEWSOM</u>	Latitude: <u>33° 03' 34.9"</u> Longitude: <u>91° 01' 13.7"</u>
Mailing Address: <u>PO Box 450</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>GLEN ALLEN, MS 38744</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 5 Twn 14N Rng 8W</u>
Telephone No. <u>662-839-4613</u>	Distance Direction Nearest Town <u>4 Miles North of Glen Allen</u>

Well Data

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

Date well drilling started: 12-22-05 Date well drilling completed: 12-22-05

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 12-22-05

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

Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 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 75 feet to 110 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.

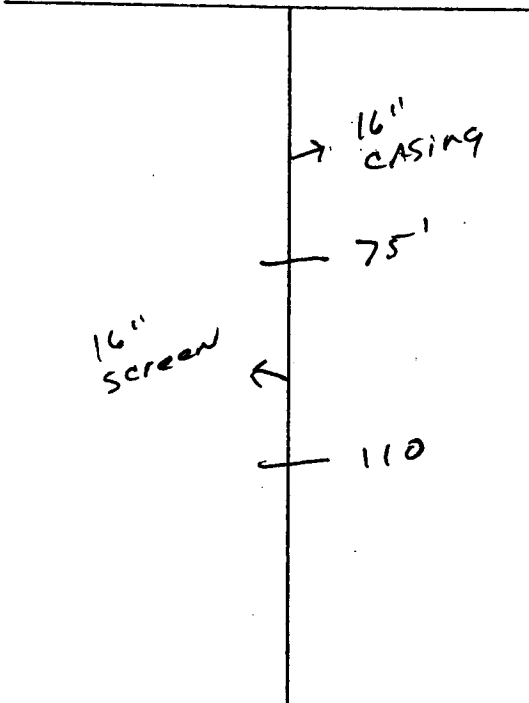
JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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JAN 27 2006
BY: OLWR

If well telescopes please sketch below and show depths.

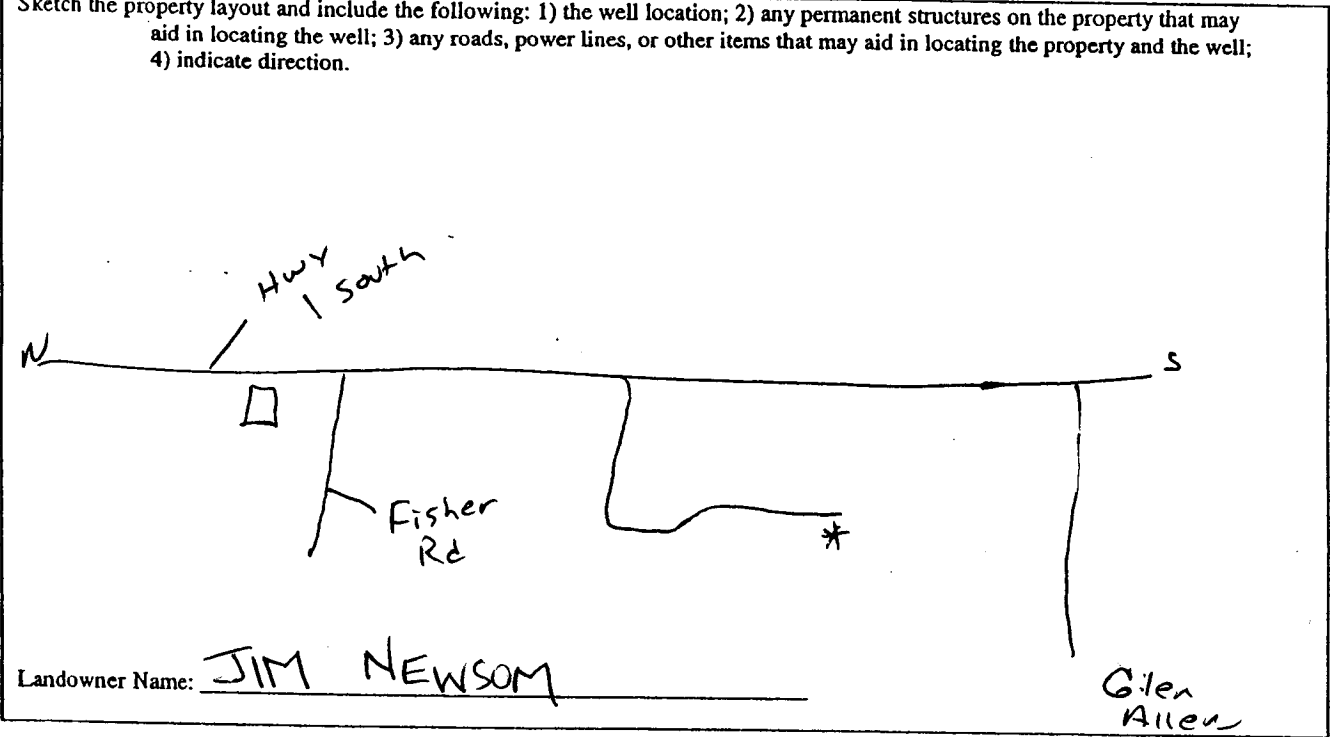
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Blue CLAY	10	40
FINE SAND	40	75
COARSE SAND	75	110
Gray CLAY	110	115

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.



J. Newsom
 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 40807
 Driller: JOHN NEWCOMB
 Date completed: 12-22-05

For Office Use Only:

Aquifer: _____
 Well #: 5-149
 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>JIM NEWCOMB</u> Mailing Address: <u>PO Box 450</u> <u>GLEN ALLEN, MS. 38744</u> <small>City State Zip Code</small>	Latitude: <u>33-03-349</u> Longitude: <u>091-01-37</u> <small>21</small> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW</u> ¼ <u>NE</u> ¼ Sec <u>5</u> Twn <u>14N</u> Rng <u>8W</u> Distance Direction Nearest Town <u>4</u> Miles <u>NORTH</u> of <u>GLEN ALLEN</u>
Telephone No. <u>662-839-4613</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>12-23-05</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>150</u> Setting Depth: <u>60</u> feet Number of Stages: <u>4</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): <u>NO TEST</u> 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 Steel Tape 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.

GLEN ROWE 710-P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR