

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 #: A-35
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: David West
Date drilling completed: 6-26-07

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.

Well Owner Information	Well Location
Owner Name: <u>John Green</u>	Latitude: <u>31°46'</u> " Longitude: <u>88°55'</u> "
Mailing Address: <u>1233 Eucatta - Sandersville Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Heidleberg MS 39439</u>	<u>SE ¼ SE ¼ Sec 28 Twn 10N Rng 9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 735-5201</u>	<u>8 Miles E of Sandersville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-26-07 Date well drilling completed: 6-26-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 36 feet above or below (circle one) land surface Date measured: 6-26-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 92 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____
Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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.

David A. West 0-672

Print Name of Water Well Contractor and License No.

David West

Signature of Water Well Contractor

RECEIVED
AUG 13 2007
BY: OLWR

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 #: A-35

Elevation: _____

County: Wayne
Permit #: _____
Driller: David West
Date completed: 6-26-07

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>John Green</u>	Latitude: <u>31°46'</u> Longitude: <u>88°55'</u>
Mailing Address: <u>1233 Eucatta-Sandersville Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Heidelberg MS 39439</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ SE ¼ Sec 28 Twn 10N Rng 9W</u>
Telephone No. (601) <u>735-5201</u>	Distance Direction Nearest Town
	<u>8 Miles E of Sandersville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6-27-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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)]: _____ 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.

David A. West 0-672
Print Name of Pump Installer and License No. (if applicable)

David A. West
Signature of Pump Installer

RECEIVED
AUG 15 2007
BY: OLWR