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WEST WATER WELL DRILLING

6014262154

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### 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 #: G-149  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: David West  
Date drilling completed: 7-10-08

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>David Williams</u>	Latitude: <u>31.43.00</u> Longitude: <u>88.46.00</u>
Mailing Address: <u>54 Clara West Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Waynesboro MS 39367</u>	<u>NW 1/4 NW 1/4 Sec 26 Twn 9N Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 381-0915</u>	<u>9</u> Miles <u>NW</u> of <u>Waynesboro</u>

#### Well Data

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

Date well drilling started: 7-10-08 Date well drilling completed: 7-10-08

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

Static Water Level: 69 feet above or below (circle one) land surface Date measured: 7-10-08

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

Hole depth: 185 Well depth: 185 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Pvc

Screen slot size: .010 inches Setting depth: From 160 feet to 180 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 West 0672

Print Name of Water Well Contractor and License No.

David A. West RECEIVED  
Signature of Water Well Contractor

AUG 07 2008

BY: OLWR



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WEST WATER WELL DRILLING

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### 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: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 7-10-08

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: G-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**  
 Owner Name: David Williams  
 Mailing Address: 54 Clara West Rd  
Waynesboro MS  
 City State Zip Code  
 Telephone No: (601) 381-0915

**Well Location**  
 Latitude: 31° 43' Longitude: 88° 46'  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 NW 1/4 Sec 26 Twn 9N Rng 8W  
 Distance Direction Nearest Town  
9 Miles NW of Waynesboro

**Pump Type**  
 Circle one  
 Air Lift Jet Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 7-10-08  
 Rated Pump Capacity: 27 Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 2  
 Setting Depth: 120 feet  
 Number of Stages: \_\_\_\_\_

**Pump Test Data**  
 Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface  
 Pumping Water Level (B): \_\_\_\_\_ 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

**Method of Measuring Water Level**  
 Circle one  
 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.

David West D-692  
Print Name of Pump Installer and License No. (if applicable)

David West  
Signature of Pump Installer

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AUG 07 2008  
BY: OLWR