

State Well Report

Part I

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-150
 L. S. Elevation: _____
 E-log #: _____

County: Wayne
 Permit #: _____
 Driller: David West
 Date drilling completed: 8-21-08

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>Mark West</u>	Latitude: <u>31.44.00</u>	Longitude: <u>88.50.30</u>	
Mailing Address: <u>1599 Eucotta Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Shubutta MS 39360</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 19 Twn 9N Rng 8W</u>		
Telephone No. <u>(601) 410-9957</u>	Distance: <u>10</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Waynesboro</u>

Well Data

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

Date well drilling started: 8-21-08 Date well drilling completed: 8-21-08

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

Static Water Level: 86 feet above or below (circle one) land surface Date measured: 8-21-08

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

Hole depth: 192 Well depth: 192 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 172 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 172 feet to 192 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 06712
 Print Name of Water Well Contractor and License No.

David West RECEIVED
 Signature of Water Well Contractor SEP 18 2008

BY: OIWR

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 #: G-150
 Elevation: _____

County: Wayne
 Permit #: _____
 Driller: David West
 Date completed: 8-21-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p>Well Owner Information</p> <p>Owner Name: <u>Mark West</u></p> <p>Mailing Address: <u>1599 Eucutta Rd</u></p> <p><u>Shubuta MS 39360</u> City State Zip Code</p> <p>Telephone No. <u>(601) 410-9937</u></p>	<p>Well Location</p> <p>Latitude: <u>31°44' 00"</u> Longitude: <u>88°50' 30"</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u>, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>SW 1/4 NW 1/4 Sec. 19 Twp. 9N Rng. 8W</u></p> <p>Distance Direction Nearest Town <u>10 Miles NW of Waynesboro</u></p>
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<p>Pump Type Circle one</p> <p>Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u></p> <p>Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine</p> <p>Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>8-21-08</u></p> <p>Rated Pump Capacity: <u>55</u> Gallons Per Minute</p>	<p>Power Type Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO</p> <p>Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>5</u></p> <p>Setting Depth: <u>140</u> feet</p> <p>Number of Stages: _____</p>
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<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David West 0672 David A. West
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 SEP 18 2008
 BY: OLWE