

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 #: Ø-230
L. S. Elevation: _____
E-log #: _____

153

County: Wayne
Permit #: _____
Driller: Roy West Drilling
Date drilling completed: 11-10-04

Roy West Water Well Drilling, Inc

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>Ronnie Lawson</u>	Latitude: <u>88° 37'</u> Longitude: <u>31° 41'</u>
Mailing Address: <u>110 Aspen Drive</u>	Method of Lat/Long (circle one): <u>MDOT MAP</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Waynesboro MS 39367</u>	<u>NW ¼ NW ¼ Sec 7 Twn 8N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 735-4735</u>	<u>Miles of Waynesboro</u> <u>Inside City Limits</u>

Well Data

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

Date well drilling started: 11-8-04 Date well drilling completed: 11-10-04

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 11-10-04

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 183 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: _____

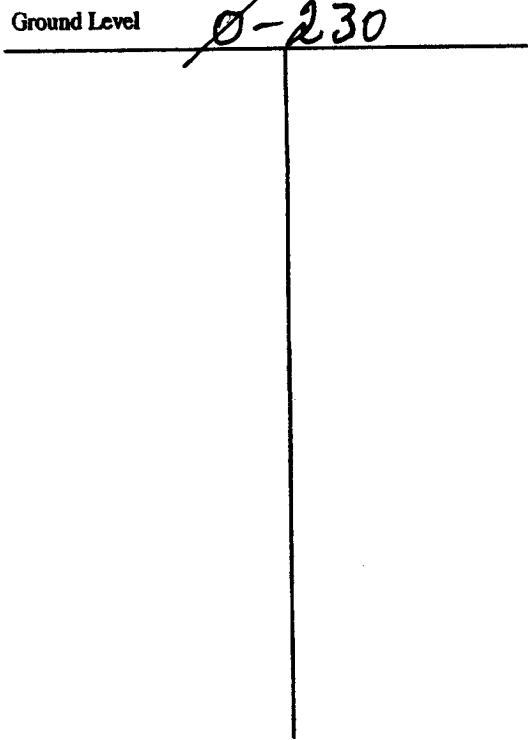
Name of organization running log(s): _____

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. Signature of Water Well Contractor

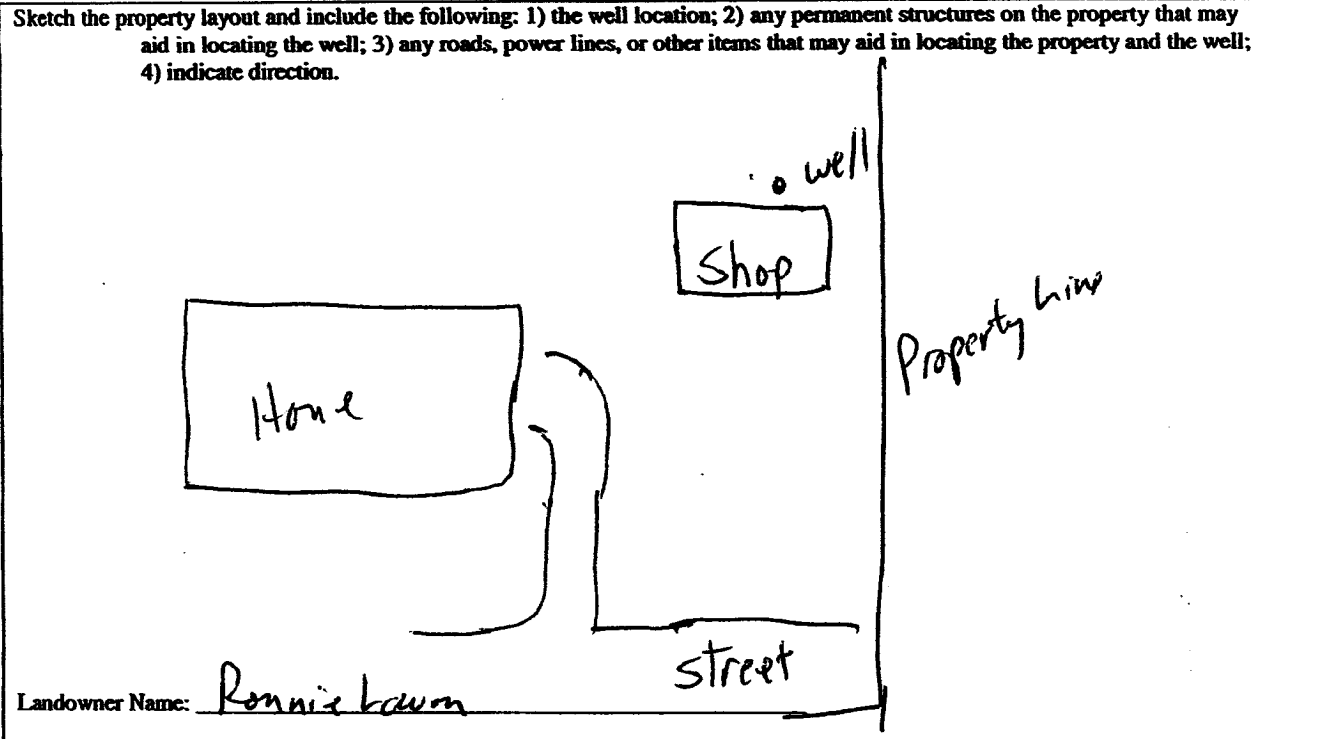
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If well telescopes please sketch below and show depths. (153)



Description of Formations Encountered	From	To
SANDY CLAY	0	18
SAND	18	26
CLAY	26	31
SAND	31	72
CLAY	72	105
LIMESTONE + CLAY	105	181
LIMESTONE	181	218
CLAY	218	220

If more than one screen, show location of each on sketch



Dave H. West
 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: _____

Well #: Ø-230 153

Elevation: _____

County: Wayne

Permit #: _____

Driller: Roy West Drilling

Date completed: 11-14-04

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>Ronnie Lawson</u>	Latitude: <u>88°37'</u> Longitude: <u>31°41'</u>
Mailing Address: <u>110 Aspen Drive</u>	Method of Lat/Long (circle one): <u>MDOT MAP</u> Conventional Survey,
<u>Waynesboro</u> MS <u>39367</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 735-4735</u>	<u>NW ¼ NW ¼ Sec 7 Twn 8N Rng 6W</u>
	Distance Direction Nearest Town
	Miles <u>of Waynesboro</u> <u>Inside City limits</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-14-04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>10</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

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