

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)

County: Wayne
Permit #: _____
Driller: Roy West Drilling
Date drilling completed: 7-13-06

For Office Use Only:
Aquifer: _____
Well #: Q-232
L. S. Elevation: _____
E-log #: _____

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>Jay Buckley</u>	Latitude: <u>31.41</u> " Longitude: <u>88.37</u> "
Mailing Address: <u>28 Sybil Martin Dr.</u> <u>Waynesboro MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, <u>DOT MAP</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 6 Twn 8N Rng 6W</u>
Telephone No. <u>(601) 735-6086</u>	Distance: <u>1/4</u> Miles Direction: <u>E</u> of Nearest Town: <u>Waynesboro</u>

Well Data

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

Date well drilling started: 7-11-06 Date well drilling completed: 7-13-06

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

Static Water Level: 106 feet above or below (circle one) land surface Date measured: 7-13-06

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 168 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): _____

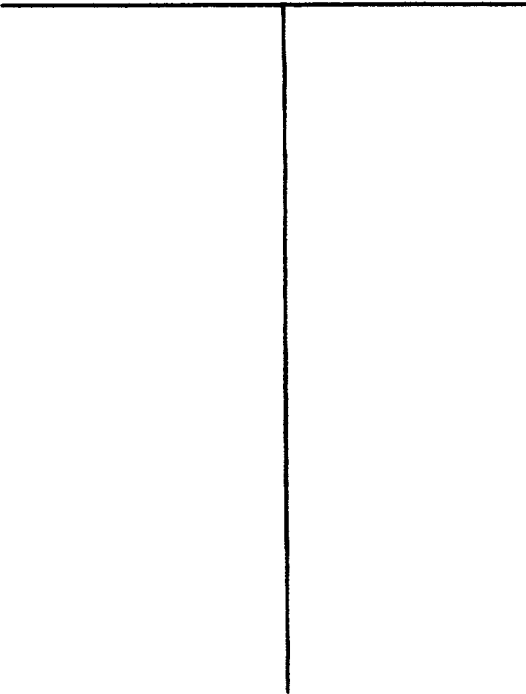
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

David A. West 0-672 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Q-232

Ground Level



Description of Formations Encountered	From	To
SANDY CLAY	0	6
CLAY	6	18
SILTY SAND & CLAY	18	47
SAND- DIRTY	47	68
CLAY	68	161
LIMESTONE	161	189
LIMESTONE & CLAY STRKS	189	200

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.



Landowner Name: Jay Buckley

David A. L...
 Signature of Water Well Contractor

DATE: _____
 TIME: _____
 BY: _____

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: Ray W West Drilling
 Date completed: 7-13-06

For Office Use Only:

Aquifer: _____
 Well #: Q-232
 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>Jay Buckley</u>	Latitude: <u>31°41'</u> Longitude: <u>88°37'</u>
Mailing Address: <u>28 Sybil Martin Dr</u> <u>Waynesboro MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, DOT MAP USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 6 Twn 8N Rng 6W</u>
Telephone No. <u>(601) 735-6086</u>	Distance _____ Direction _____ Nearest Town _____ <u>1/4 Miles E of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-13-06</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>12</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
 JUL 24 2006
 E. J. ...