

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 #: Q-235
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: David West
Date drilling completed: 7-1-07

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>T.K. Stanley Inc</u>	Latitude: <u>31.42</u> " Longitude: <u>88.37</u> "
Mailing Address: <u>P.O. Box 31</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Waynesboro MS 39367</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 6 Twn 8N Rng 6W</u>
Telephone No. <u>(601) 735-2855</u>	Distance _____ Miles Direction _____ Nearest Town _____ <u>Inside City Limits</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-25-07 Date well drilling completed: 7-1-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 105 feet above or below (circle one) land surface Date measured: 7-1-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 218 Well depth: 218 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 193 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 A. 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 #: Q-235

Elevation: _____

County: Wayne
 Permit #: _____
 Driller: David West
 Date completed: 7-1-07

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>T.K. Stanley Inc</u>	Latitude: <u>31°42'</u> Longitude: <u>88°37'</u>
Mailing Address: <u>P.O. Box 31</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Waynesboro MS 39367</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW ¼ SE ¼ Sec. 6 Twa 8N Rng 6W</u>
Telephone No. <u>(601) 735-2855</u>	Distance Direction Nearest Town <u>Miles of Waynesboro</u> <u>Inside City Limits</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>180</u> feet Number of Stages: _____
Date Pump Installed: <u>7-2-07</u>	
Rated Pump Capacity: <u>19</u> Gallons Per Minute	

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

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 AUG 13 2007
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