

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:

County: Wayne
Permit #: _____
Driller: Heath Williams
Date drilling completed: 08/09/07

Aquifer: _____
Well #: Q-236
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>Keneth Kittrell</u>	Latitude: <u>31° 37' 40" N</u> Longitude: <u>088° 36' 34" W</u>
Mailing Address: <u>922 Chicora - State Line Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>State Line</u> <u>ms</u> <u>39362</u>	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>29</u> Twn <u>8N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 648-2288</u>	<u>20</u> Miles <u>SSE</u> of <u>Waynesboro</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>08/07/07</u> Date well drilling completed: <u>08/09/07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>38</u> feet above or below (circle one) land surface Date measured: <u>08/09/07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>231'</u> Well depth: <u>231'</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>220</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>20 pvc</u>	
Screen slot size: <u>0.010</u> inches Setting depth: From <u>221</u> feet to <u>231</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: <u>visual</u>	
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.

Heath S. Williams 0-790 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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Φ-236

If well telescopes please sketch below and show depths.

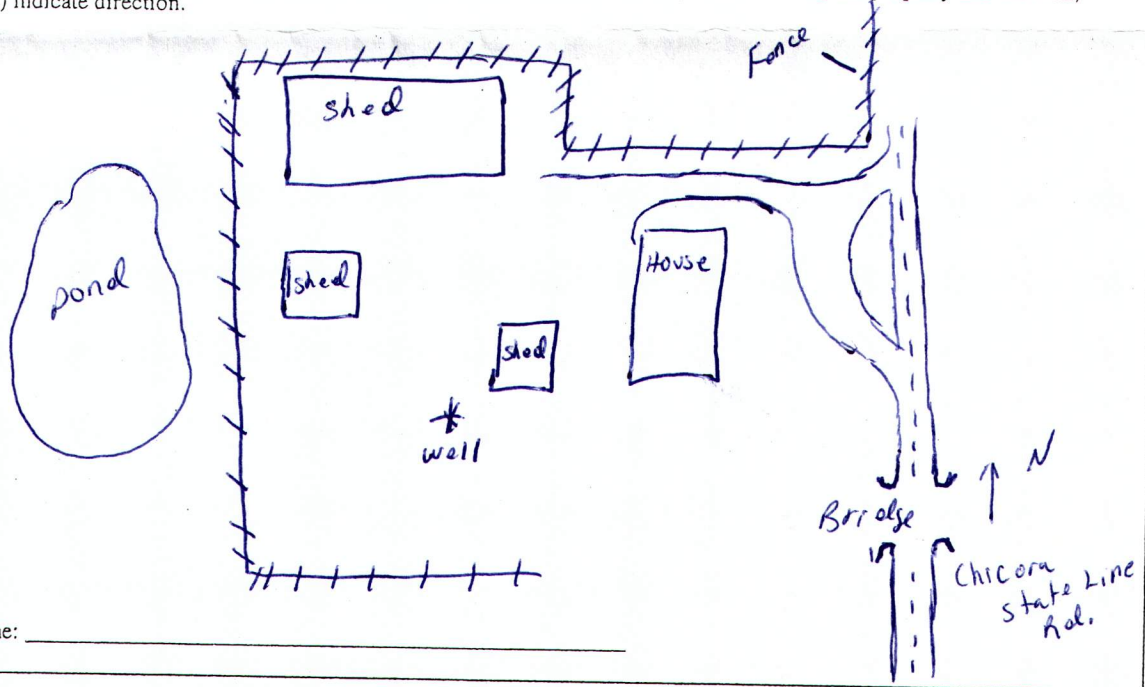
Ground Level

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Description of Formations Encountered	From	To
White TN Sandy clay	0	10
white cl	10	15
Brown clay	15	25
white sandy clay	25	35
white clay	35	45
Gray clay	45	65
Blue clay	65	125
Gray sandy clay	125	185
white sand	185	231

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: _____

[Handwritten Signature]

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 #: Φ-236

Elevation: _____

County: Wayne

Permit #: _____

Driller: Heath Williams

Date completed: 08/09/07

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>Keneth Kittrell</u>	Latitude: <u>31° 37' 40" N</u> Longitude: <u>088° 36' 34" W</u>
Mailing Address: <u>922 Chicora - Stateline Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Stateline Ms. 39362</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>29</u> Twn <u>8 N</u> Rng <u>6 W</u>
Telephone No. <u>(601) 648-2288</u>	Distance Direction Nearest Town
	<u>20</u> Miles <u>SSE</u> of <u>Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>08/09/07</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>08/09/07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>38</u> 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.

Heath S. Williams 0-790
 Print Name of Pump Installer and License No. (if applicable)

Heath S. Williams
 Signature of Pump Installer

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 AUG 14 2007
 BY: OLWR