

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 #: **Q-244**
L. S. Elevation:
E log #:

County: Wayne
Permit #: _____
Driller: [Signature]
Date drilling completed: 9-9-08

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>Margaret Gordon</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>249 Dyess Bridge Rd.</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Waynes</u> <u>Ms</u> <u>39317</u> | <u>S</u> <u>1/4</u> <u>E</u> <u>1/4</u> Sec <u>2</u> Twn <u>9N</u> Rng <u>6W</u> |
| City: _____ State: _____ Zip Code: _____ | Distance: _____ Miles Direction: <u>East</u> Nearest Town: <u>Waynesboro, MS</u> |
| Telephone No. (601): <u>735-3876</u> | |
| Well Data | |
| Purpose of Well (circle one): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: <u>Blue Berry Farm</u> | |
| Date well drilling started: <u>8-19-08</u> Date well drilling completed: <u>9-9-08</u> | |
| If flowing, method of flow regulation: <input type="checkbox"/> Valve <input type="checkbox"/> Other (describe): _____ | |
| Static Water Level: <u>40</u> feet above or <u>(below)</u> (circle one) land surface Date measured: <u>9-1-08</u> | |
| Method of Measurement (circle one): <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: <u>string</u> | |
| Hole depth: <u>570'</u> Well depth: <u>570'</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix | |
| Casing length: <u>530</u> feet Casing diameter: <u>4x2"</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>10</u> inches Setting depth: From <u>530</u> feet to <u>570</u> feet | |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development | |
| Other (describe): _____ | |
| Top of lap pipe or reduction in casing: <u>300'</u> feet. If telescoped or more than one screen, describe on back of page | |
| Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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. | |
| Print Name of Water Well Contractor and License No. <u>0-374</u> | <u>[Signature]</u> Signature of Water Well Contractor |

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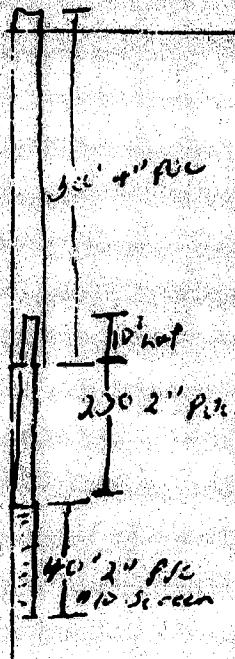
SEP 22 2008

BY: OLWR

Q-244

If well does not please sketch below and show depths

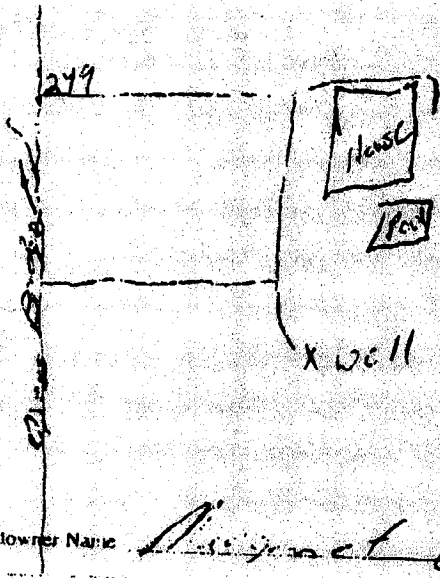
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Soil | 0 | 5 |
| Sand | 5 | 30 |
| Clay | 30 | 100 |
| Sand | 100 | 120 |
| Rock | 120 | 124 |
| Clay | 124 | 170 |
| Sand | 170 | 215 |
| Clay | 215 | 215 |
| Sand | 215 | 270 |

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.



Landowner Name

Miss Janet Gordon

Miss Gordon
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 #: **Q-244**
 Elevation: _____

County: Wayne
 Permit #: _____
 Driller: Cain
 Date completed: 9-2-08

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

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>Margaret Gordon</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>249 S. Cross Bridge Rd</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey |
| <u>Waynesboro, MS 39277</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>S 14 E 1/4 Sec 7 Twn 3N Rng 6E</u> |
| Telephone No. (601) <u>7357 3376</u> | Distance: _____ Direction: _____ Nearest Town: _____ |
| | <u>1 Miles East of Waynesboro, MS</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ | <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Battery PTO |
| Date Pump Installed: <u>9-1-08</u> | Horse Power Rating of Motor: <u>5 hp</u> |
| Rated Pump Capacity: <u>40</u> Gallons Per Minute | Setting Depth: <u>180</u> feet |
| | Number of Stages: <u>15</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>9-1-08</u> | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>String</u> |
| Static Water Level (A): <u>70</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Pumping Water Level (B): <u>14</u> Feet Below Land Surface | Well yielded <u>60</u> (GPM) with a drawdown of _____ |
| Drawdown ((B) - A): <u>100</u> Feet Below Land Surface | <u>100</u> feet after <u>6</u> hours of pumping |
| Test Pumping Rate: <u>60</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>6</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable): Ms Water Well Drilling Q-244

Signature of Pump Installer: Nelson Cain

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