

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:

Acquifer: _____
 Well #: Q-247
 L. S. Elevation: _____
 E-log #: _____

County: Wayne
 Permit #: _____
 Driller: David West
 Date drilling completed: 2-19-09

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>Brent Bishop</u>	Latitude: <u>31° 40' 30"</u> Longitude: <u>88° 37' 30"</u>
Mailing Address: <u>110 J.C. Martin Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Waynesboro MS 39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 6 Twn 8 N Rng 6 W</u>
Telephone No. <u>(601) 735-4735</u>	Distance _____ Miles Direction _____ Nearest Town _____
	<u>Inside City Limit of Waynesboro</u>

Well Data

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

Date well drilling started: 2-19-09 Date well drilling completed: 2-19-09

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

Static Water Level: 138 feet above or below (circle one) land surface Date measured: 2-19-09

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 204 feet Casing diameter: 4 inches Type of casing: 5/8

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 West 0-692
 Print Name of Water Well Contractor and License No.

David West
 Signature of Water Well Contractor

Q-247

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	12
Sandy	12	52
Sandy clay	52	80
Gravel	80	81
Sandy clay	81	126
Clay	126	147
Clay	147	138
Rock	138	139
Clay	139	150
Sandy	150	165
Gravel	165	192
Clay	192	198
Gravel	198	200
Blank clay	200	201
Rock	201	202
Rock interbedded with Gravel	202	222
Clay	222	240

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.

Blawie

House

outbuilding

well

Landowner Name: Escent Bishop

David A. ...
Signature of Water Well Contractor

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: David West
 Date completed: 2-18-09

For Office Use Only:
 Aquifer: _____
 Well #: Q-247
 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>Brent Bishop</u>	Latitude: <u>31°46'30"</u> Longitude: <u>88°37'30"</u>
Mailing Address: <u>110 J. C. Martin Dr</u>	Method of Location (circle one): <u>Conventional Survey</u>
<u>Waynesboro MS 39367</u>	<u>USGS quad, Erod-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 6 Twp 8N Rng 6W</u>
Telephone No. <u>(601)735-4735</u>	Distance Direction Nearest Town
	<u>Miles of</u> <u>Inside City Limits</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-20-09</u>	Setting Depth: <u>180</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 West 01672 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer