

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 #: Y-411
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: _____
Driller: David West Drilling
Date drilling completed: 10-24-05

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>Everette Pickering</u>	Latitude: <u>31° 28'</u> " Longitude: <u>88° 32'</u> "
Mailing Address: <u>97 Shamrock Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>MDOT MAP</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Laurel</u> <u>MS</u> <u>39443</u> City State Zip Code	<u>NE 1/4 SW 1/4 Sec 18</u> <u>Twn 6N</u> <u>Rng 6W</u>
Telephone No. <u>(601) 649-7934</u>	Distance <u>6.5</u> Miles <u>SW</u> Direction of <u>Buckatuna</u> Nearest Town

Well Data

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

Date well drilling started: 10-24-05 Date well drilling completed: 10-24-05

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

Static Water Level: 72 feet above or below (circle one) land surface Date measured: 10-24-05

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

Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 110 feet to 170 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 0672
Print Name of Water Well Contractor and License No.

David West
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Y-41

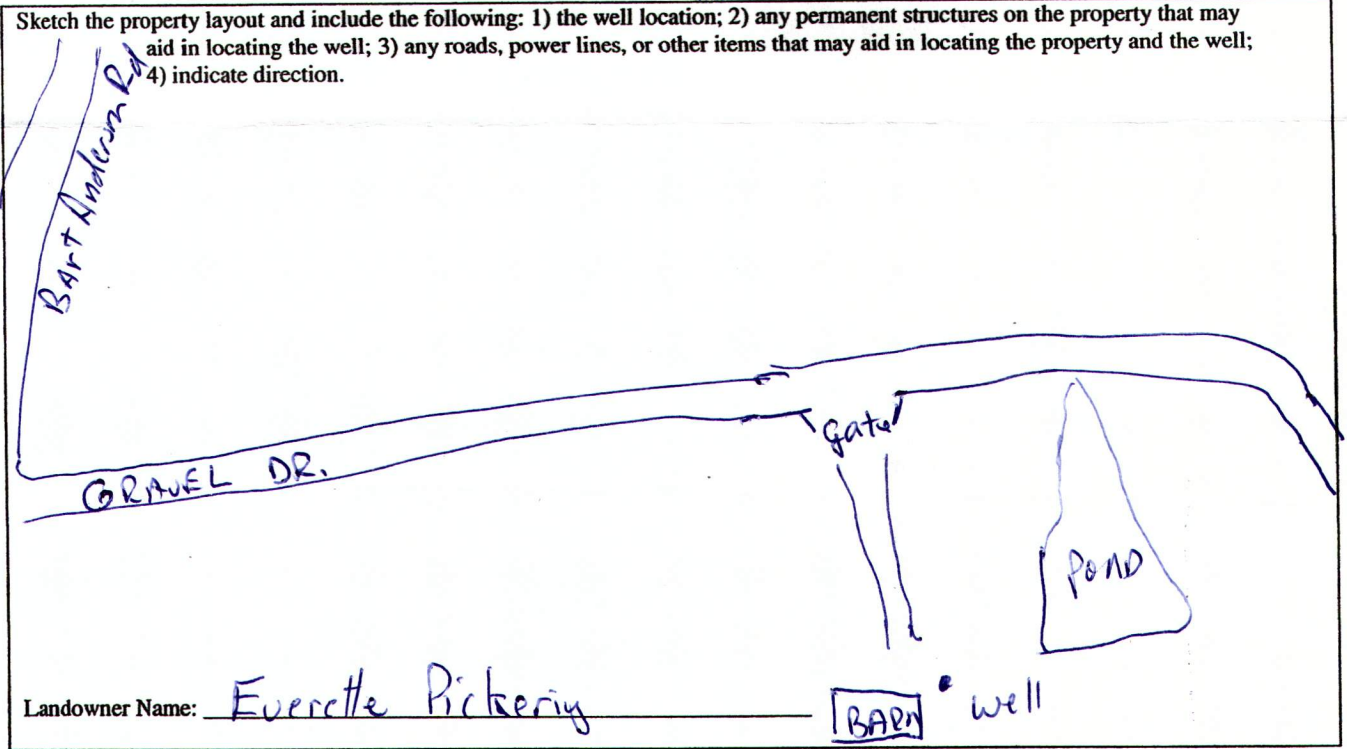
Ground Level

Description of Formations Encountered	From	To
Topsoil	0	1
CLAY	1	18
SANDY	18	25
GRAY CLAY	25	98
CLAY + SAND STRKS	98	158
SAND	158	170

If more than one screen, show location of each on sketch

N

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.



David A. West
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)

County: Wayne
 Permit #: _____
 Driller: Royk West Drilling
 Date completed: 10-24-05

For Office Use Only:

Aquifer: _____
 Well #: K-41
 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>Everette Picketing</u>	Latitude: <u>31°28'</u> Longitude: <u>88°32'</u>
Mailing Address: <u>97 Shamrock Dr.</u>	Method of Lat/Long (circle one): <u>MOOT MAP</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Laurel MS 39443</u>	<u>NE 1/4 SW 1/4 Sec 18 Twn 6N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 649-7934</u>	<u>6.5 Miles SW of Buckatuna</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>10-24-05</u>	Setting Depth: <u>100</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 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 West 0672 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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