

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 #: J-30
 L. S. Elevation: _____
 E-log #: _____

County: Winston 159
 Permit #: _____
 Driller: Nelson Cain
 Date drilling completed: 2/9/05 well #1
2/18/05 well #2

#1 well
 #2 well

Cain Nelson
 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>Tim Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>610 Campground Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Louisville MS 39339</u>	<u>N 1/4 W 1/4 Sec 35 Twn 14N Rng 11E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 773 6142</u>	<u>3 1/2 Miles N/W of Noxapater Ms</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Chicken Houses

Date well drilling started: (#1) 2-3-05 Date well drilling completed: (#1) 2-9-05
(#2) 2-11-05 (#2) 2-18-05

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

Static Water Level: 165 feet above or below (circle one) land surface Date measured: (#1) 2-8-05
(#2) 2-17-05

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

Hole depth: 580 Well depth: 580 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 550 feet Casing diameter: 4" x 2" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: # 10 inches Setting depth: From 550 feet to 580 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: 320 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.

Nelson Cain 0-374
 Print Name of Water Well Contractor and License No.

Nelson Cain
 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 #: J-30

Elevation: _____

County: Winston

Permit #: _____

Driller: Nelson Cain

Date completed: _____

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>Tim Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>610 Campground Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lewisville MS 39339</u>	<u>N 1/4 W 1/4 Sec 35 Twn 14N Rng 11E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 773-6142</u>	<u>3 1/2</u> Miles <u>N/W</u> of <u>Noragater MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>(#1 well) 2-8-05</u>	Setting Depth: <u>220</u> feet
<u>(#2 well) 2-17-05</u>	Number of Stages: <u>15</u>
Rated Pump Capacity: <u>45</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>(#1) 2-8-05</u>	Air Line Electric Measuring Line Steel Tape
<u>(#2) 2-17-05</u>	Other (specify): <u>String</u>
Static Water Level (A): <u>165</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	<u>35</u> feet after <u>1</u> hours of pumping
Test Pumping Rate: <u>45</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

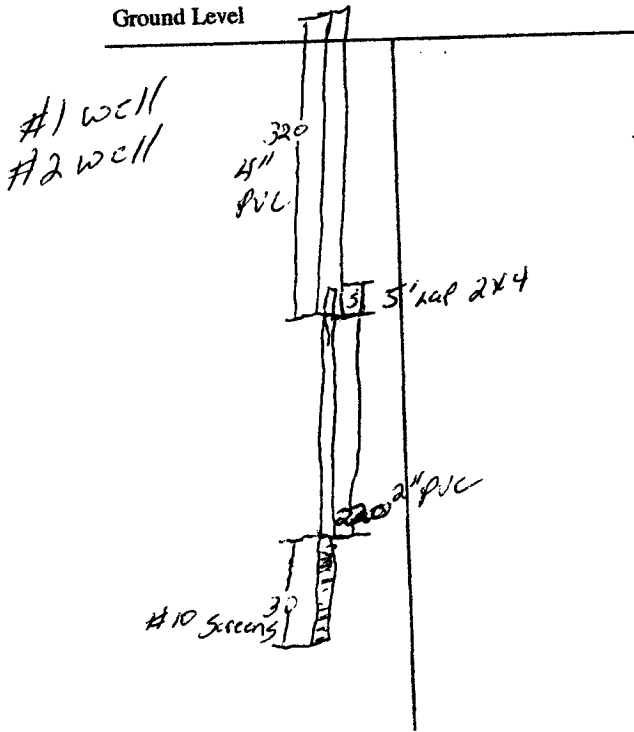
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Nelson Cain 0-374
Print Name of Pump Installer and License No. (if applicable)

Nelson Cain
Signature of Pump Installer

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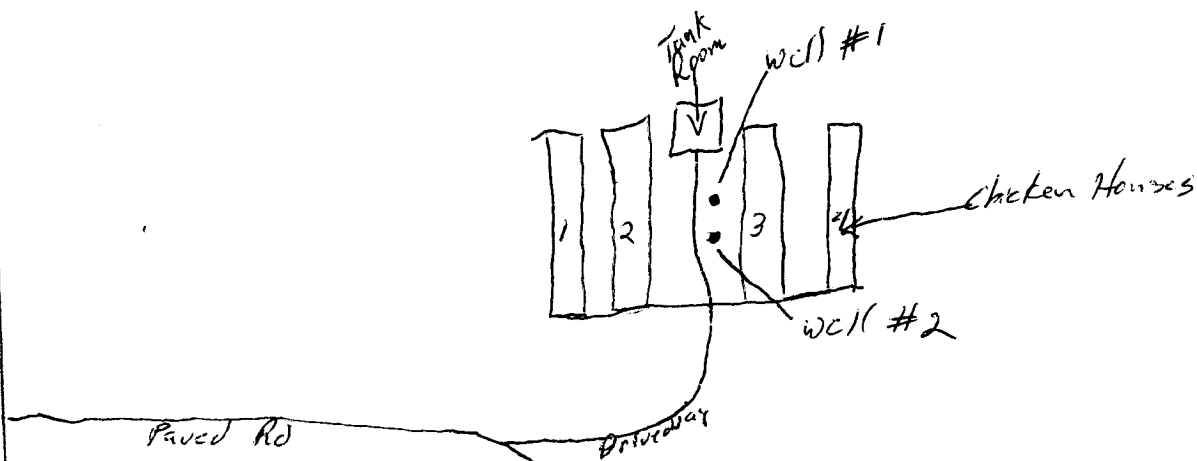
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Soil & Sand	0	10
Sand	10	90
Clay	90	215
Red Rock	215	217
Sand & Clay Shale	217	260
Sand	260	280
Clay	280	415
Sand & Clay Shale	415	525
Water Sand	525	580

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: Tim Smith

Nelson Cain
Signature of Water Well Contractor

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