

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-31
L. S. Elevation:
E-log #:

County: Winston
Permit #:
Driller: N. Cain
Date drilling completed: 5-4-06

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: Owner Name Todd Allen, Mailing Address 300 Allen 2 McArdy Rd, Louisville MS 39339, Telephone No. (662) 773-5083. Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, S 1/4 E 1/4 Sec 41 Twn 14N Rng 11E, Distance 5 Miles Direction E of Louisville MS.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Chicken Houses, Date well drilling started: 5-1-06, Date well drilling completed: 5-4-06, Static Water Level: 10 feet above or below (circle one) land surface, Date measured: 5-3-06, Method of Measurement (circle one) steel tape electric tape air line other: String, Hole depth: 60 Well depth: 60 Well grouted to a depth of 10, Type of grout (circle one): Cement Bentonite Mix, Casing length: 40 feet Casing diameter: 4 inches Type of casing: PVC, Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC, Screen slot size: #13 inches Setting depth: From 40 feet to 60 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:

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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

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: Winston
 Permit #: _____
 Driller: N Cain
 Date completed: 5-4-06

For Office Use Only:
 Aquifer: _____
 Well #: J-31
 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>Todd Allen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>300 Allen & McAlilly 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>Louisville Ms 39339</u>	<u>S 1/4 E 1/4 Sec 4 Twn 14N Rng 11E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>773-5033</u>	<u>5 Miles E of Louisville Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>5-3-06</u>	Setting Depth: <u>55</u> feet
Rated Pump Capacity: <u>45</u> Gallons Per Minute	Number of Stages: <u>15</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-3-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>70</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

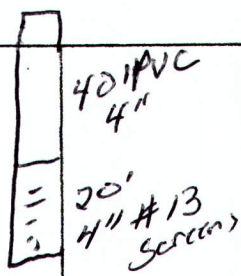
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

Nelson Cain
 Signature of Pump Installer

5-31

Ground Level



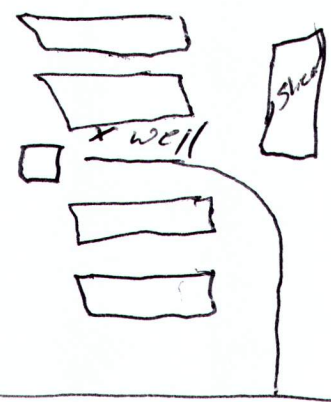
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Sand	0	60

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.



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Landowner Name: Todd Allen

Nelson Cain
Signature of Water Well Contractor