

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-33
L. S. Elevation:
E-log #:

County: Winston
Permit #:
Driller: Nelson Cain
Date drilling completed: 4-14-06

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.

#3 well

Well Owner Information: Owner Name Tim Smith, Mailing Address 610 Campground Rd, Louisville MS 39239, Telephone No. (662) 773-6142. Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, N 1/4 W 1/4 Sec 35 Twn 14N Rng 11E, Distance 3 1/2 Miles Direction N/W of Noyyater MS.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Chicken Houses. Date well drilling started: 4-10-06 Date well drilling completed: 4-14-06. Static Water Level: 170 feet above or below (circle one) land surface Date measured: 4-13-06. Method of Measurement (circle one) steel tape electric tape air line other: String. Hole depth: 590 Well depth: 590 Well grouted to a depth of 10 feet. Type of grout (circle one): Cement Bentonite Mix. Casing length: 560 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 560 feet to 590 feet. Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development. Top of lap pipe or reduction in casing: 320 feet. 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 O-734
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: Nelson Cain
 Date completed: 4-14-06

For Office Use Only:

Aquifer: _____
 Well #: 5-33
 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.

#3 well

Well Owner Information	Well Location
Owner Name: <u>Tim Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>610 Camp ground Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Louisville MS 39339</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N 1/4 W 1/4 Sec 35 Twn 14N Rng 11E</u>
Telephone No. <u>(601) 773-6142</u>	Distance Direction Nearest Town
	<u>3 1/2 Miles N/W of Noxapater MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>4-13-06</u>	Setting Depth: <u>240</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>4-13-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>190</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>30</u> feet after <u>1</u> hours of pumping
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 Nelson Cain
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

