

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 #: L-21
L. S. Elevation: _____
E-log #: _____

County: Winston
Permit #: _____
Driller: Cain
Date drilling completed: 3-22-07

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.

#2
well

Well Owner Information	Well Location
Owner Name: <u>Wey Holdness</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1692 Von Willson Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Leicester Ms 39339</u>	<u>5 1/4 W 1/4 Sec 26 Twn 14 N Rng 13 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 779 2629</u>	<u>7 Miles N/E of Akapatoe MS</u>

Well Data

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

Date well drilling started: 3-19-07 Date well drilling completed: 3-22-07

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

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 3-21-07

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: #10 inches Setting depth: From 210 feet to 220 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.

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

Nelson Cain
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

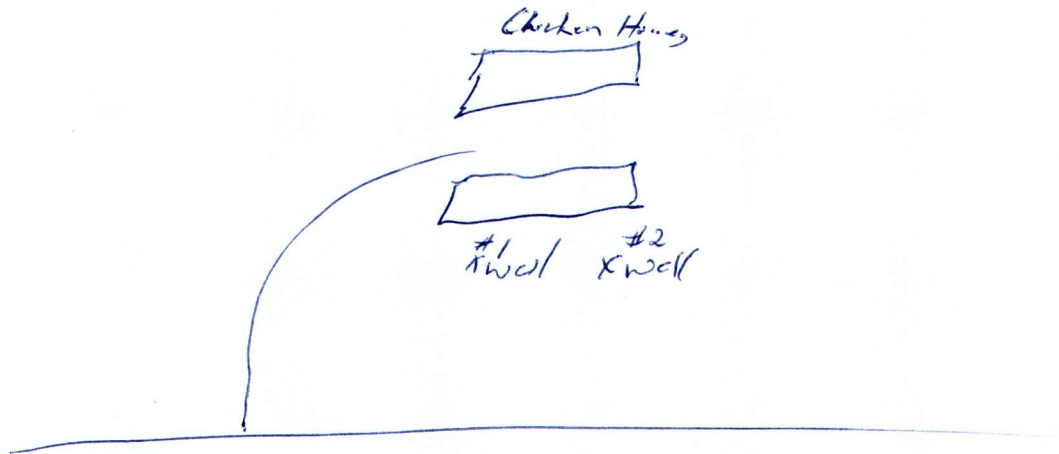
Ground Level

Description of Formations Encountered	From	To
Top Solid Clay	0	10
Clay	10	60
Sand	60	75
Clay	75	110
Sand	110	120
Clay	120	165
Sand	165	220

#2 well

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: Joey Holdness

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 #: L-21
Elevation: _____

County: Winston
Permit #: _____
Driller: Cain
Date completed: 3-22-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

#2 well

Well Owner Information	Well Location
Owner Name: <u>Jocely Holdness</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1692 Van Willson Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Louisville Ms 39339</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S 1/4 W 1/4 Sec 26 Twn 14 N Rng 13 E</u>
Telephone No. <u>(662) 779 2629</u>	Distance Direction Nearest Town
	<u>7 Miles N/E of Noxyston Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-21-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-21-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>20</u> feet after <u>6</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 0374 Nelson Cain
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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