

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 #: N 12 159
L. S. Elevation: _____
E-log #: _____

County: Winston
Permit #: _____
Driller: Nelson Cain
Date drilling completed: 8/19/04

Mississippi Water Well Drilling and Service

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>Ted Hatness</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rt 1 612</u> <u>Hatness Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Noxapater MS 39346</u> City State Zip Code	Distance Direction Nearest Town <u>8</u> Miles <u>West</u> of <u>Noxapater</u>
Telephone No. (662) <u>724 4140</u> <u>662 803 0358</u>	

Well Data

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

Date well drilling started: 8/8/04 Date well drilling completed: 8/19/04

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

Static Water Level: 125 feet above or below (circle one) land surface Date measured: 8/19/04

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

Hole depth: 340 Well depth: 340 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 320 feet to 340 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): _____

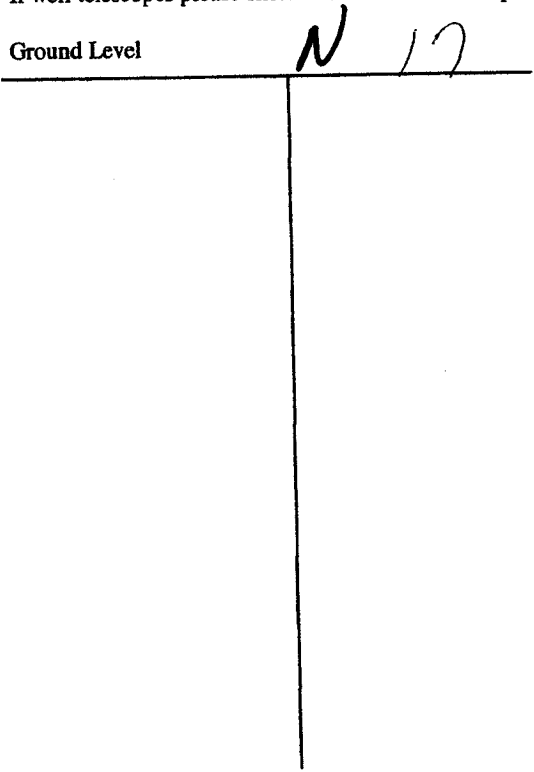
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SEP 20 2004
BY: OLWR

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.

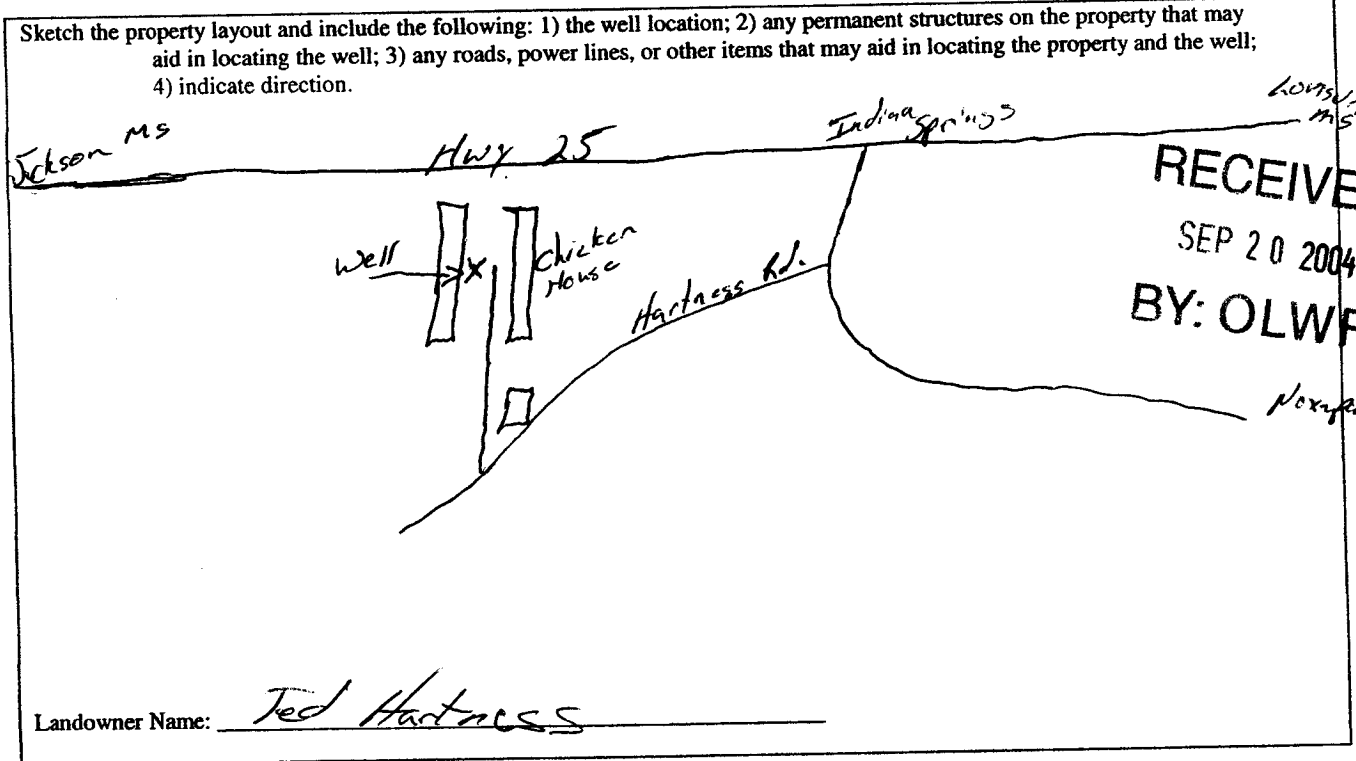
Nelson Cain
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Soil & Clay	0	25
Sand	25	40
Clay	40	110
Sand	110	120
Clay Strata	120	155
Rock	155	157
Clay	157	280
Water Sand	280	340

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



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: 8/19/04

For Office Use Only:

Aquifer: _____
 Well #: N 17
 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>Ted Hartness</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rt. 1 Box 612</u> <u>Hartness Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Novapater</u> <u>MS 39346</u>	<u>S</u> 1/4 <u>W</u> 1/4 Sec <u>8</u> Twn <u>13N</u> Rng <u>10E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 724-4140</u>	<u>8</u> Miles <u>west</u> of <u>Novapater</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>5</u>
Date Pump Installed: <u>8/18/04</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/18/04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>125</u> Feet Below Land Surface	<u>Other (specify):</u> <u>string</u>
Pumping Water Level (B): <u>175</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>46</u> GPM with a drawdown of
Test Pumping Rate: <u>46</u> Gallons Per Minute	<u>50</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</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

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 BY: OLWR