

State Well Report

Part 1 - Driller's Log

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: Yalobusha 161
 Permit #: _____
 Driller: Henry Butler
 Date drilling completed: 05/01/04

For Office Use Only:
 Aquifer: _____
 Well #: E-58
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Yalobusha County Board of Supervisors</u> Mailing Address: <u>P O Box 664</u> <u>Water Valley, MS 38965</u> City State Zip Code Telephone No. <u>(662) 226-1081</u>	Latitude: <u>N34° 03' 232"</u> Longitude: <u>W89° 54' 557"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec 5 Twn 25 Rng 7 W</u> Distance Direction Nearest Town <u>5 Miles South of Oakland</u>

Well / Borehole Data

Date drilling started: 3/20/04 Date drilling completed: 5/1/04 Hole depth: 959 ft. Hole diameter: 12"

Location of the source of any surface water used for drilling: Town of Oakland
 Method of dosing and volume of Chlorine used in drilling and development: 5ppm

Logs run (circle all applicable): No log run Electric Gamma Ray ~~Acoustic~~ ~~Seismic~~ ~~Neutron~~ Other: _____
 Name of organization running log(s): Layne

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 132 feet above or below (circle one) land surface Date measured: 10/04/04

Method of Measurement (circle one) ~~Acoustic~~ electric tape ~~Acoustic~~ other: _____

Well depth: 944' Well grouted to a depth of 865 feet Type of grout (circle one) Neat Cement ~~Grout XXXXX~~

Casing length: 865' feet Casing diameter: 12" inches Type of casing: Steel

Screen length: 60' 3" feet Screen diameter: 8" inches Type of screen: Stainless Steel

Screen slot size: .015 inches Setting depth: From 870 feet to 940 feet

Type of completion (circle all applicable): Gravel packed Underreamed ~~Gravel packed~~ ~~Underreamed~~ ~~XXXXX~~ ~~XXXXX~~ ~~XXXXX~~
 Other (describe): _____

Top of lap pipe or reduction in casing: 807 feet. *If telescoped or more than one screen, describe on next page*

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: Yalobusha
 Permit #: _____
 Driller: Henry Butler
 Date completed: 5/1/04
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: E-58
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Yalobusha County Board of Supervisors</u> Mailing Address: <u>P O BOX 664</u> <u>Water Valley, MS 38965</u> City State Zip Code Telephone No. <u>(663) 226-1081</u>	Latitude: <u>N34°03'2.32"</u> Longitude: <u>W89°54'5.57"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ ¼ _____ ¼ Sec <u>5</u> T <u>25</u> R <u>7</u> Distance Direction Nearest Town <u>5</u> Miles <u>South</u> of <u>Oakland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): <u>N/A</u> Date Pump Installed: <u>02/15/05</u> Rated Pump Capacity: <u>350</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>100</u> Setting Depth: <u>600</u> feet Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>02/17/05</u> Static Water Level (A): <u>132</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: <u>381</u> Feet Below Land Surface Test Pumping Rate: <u>371</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	XXXXXX Electric Measuring Line XXXXXX Other (specify): <u>N/A</u> For flowing well, measured shut in head: <u>N/A</u> feet Well yielded <u>371</u> GPM with a drawdown of <u>381</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Dave Cook 0-64 Dave Cook
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 Form: OLWR-SWR-1B
 APR 26 2005
 BY: OLWR