

MAR-23-08 07:53

FROM-LAND & WATER

601-854-8938

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County: Calhoun  
 Permit #: \_\_\_\_\_  
 Driller: Frost  
 Date drilling completed: 6/4/08

**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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D-73  
 L. S. Elevation: \_\_\_\_\_  
 B-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) Owner Name: <u>Sherril Edwards</u> Mailing Address: <u>151 CR 151</u> <u>Calhoun, MS 38834</u> City State Zip Code Telephone No. ( ) _____		Well or Borehole Location Latitude: _____ Longitude: _____ Method of L&L/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 Sec <u>29</u> Twp <u>1S</u> Rng <u>8E</u> Distance _____ Direction _____ Nearest Town _____ _____ of _____	
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Well / Borehole Data  
 Date drilling started: 6/4/08 Date drilling completed: 6/4/08 Hole depth: 160' Hole diameter: 4"  
 Location of the source of any surface water used for drilling: None  
 Method of dosing and volume of Chlorine used in drilling and development: None  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running logs: \_\_\_\_\_  
 Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Season: 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 \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 65 feet above or below (circle one) land surface Date measured: 6/12/08  
 Method of Measurement (circle one) steel tape \_\_\_\_\_ electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: PVC PIPE  
 Well depth: 160 feet Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Expansive Mix  
 Casing length: 140 feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC  
 Screen slot size: 0.13 inches Setting depth: From 140 feet to 160 feet  
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of top pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe all next page*

Form: OLWR-SWR-1A

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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

County: OLWORN  
 Permit #: 31000  
 Driller: [Signature]  
 Date completed: 6/12/08  
 Cont. information from block on Part 1

Aquifer: \_\_\_\_\_  
 Well #: D-73  
 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**  
 Owner Name: Sharon Edwards  
 Mailing Address: 151 CR 151  
Cowata MS 38834  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Handheld GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
 1/4 \_\_\_\_\_ 1/4 Sec 29 T 1S R 8E  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**  
 Circle one  
 Air Lift Jet Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 6/12/08  
 Rated Pump Capacity: 28 Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 3  
 Setting Depth: 100 feet  
 Number of Stages: 8

**Pump Test Data**  
 Date Well Tested: 6/12/08  
 Static Water Level (A): 65 Feet Below Land Surface  
 Pumping Water Level (B): 100 Feet Below Land Surface  
 Drawdown (B)-(A): \_\_\_\_\_ Feet Below Land Surface  
 Test Pumping Rate: 28 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
 Circle one  
 Air Line Electric Measuring Line Steel Tape  
 Other (specify): PVC Pipe  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Bernard Frost D-0217  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-16

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