

MAR-23-05 07:53 FROM-LAND & WATER

501-254-6938

T-097 P.01 F-166

County: Alcorn
 Permit #: _____
 Driller: Frost
 Date Drilling completed: 8/12/09

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39269-0631
 (501)961-3210
 (501)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: H148
 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
 (Underline if borehole is not for a water well)
 Owner Name: Angie Smith
 Mailing Address: 21 CR 327 A
Cornith, MS 38834
 City State Zip/Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 34° 56' 04" Longitude: 88° 26' 25"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
 Twp 25 Rng 8E Sec 3
 Distance 3 Miles Direction NW of Nearest Town Stem

Well / Borehole Data
 Date drilling started: 8/12 Date drilling completed: 8/12 Hole depth: 130' 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 _____
 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 _____ Other (describe) _____

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 8/14/09
 Method of Measurement (circle one) steel tape electric tape air line other: PVC Pipe
 Well depth: 130 feet Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Benocrite Mix
 Casing length: 120 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 013 inches Setting depth: From 120 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

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

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FROM-LAND & WATER

601-354-6938

T-007 - P.03

F-155

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: Alcorn
 Person's #: _____
 Driller: St. Rose
 Date completed: 8/14/09
Copy information from blank on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: H148
 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>Ruegie Smith</u>	Latitude: <u>34-56-04</u> Longitude: <u>88-26-25</u>
Mailing Address: <u>21 CR 327A</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Corinth</u> <u>MS</u> <u>38834</u>	<u>NW</u> <u>SE</u> <u>1/4</u> Sec <u>3</u> T <u>25</u> R <u>8E</u>
City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>Stem</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jer <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	House Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8/14/09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/14/09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bernard Frost 0-217 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

H148

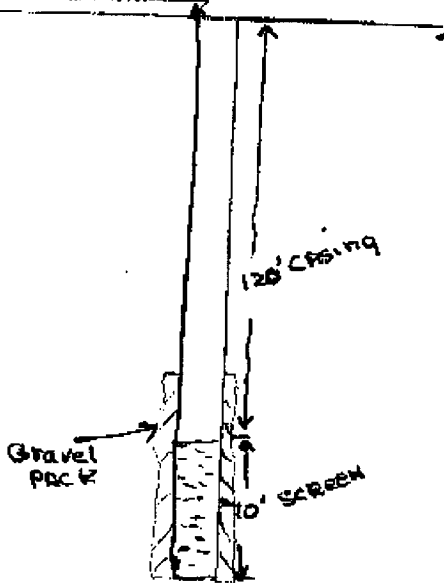
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801-354-6338

T-097 P.02 F-155

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level



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

Descriptions of formations encountered must be provided for all wells and borings, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
CLAY		15
SAND	15	47
CLAY	47	62
CLAY & SAND	62	70
ROCK	70	71
CLAY & SAND	71	100
Blue CLAY	100	110
SAND	110	130

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) a north arrow.

Landowner Name: _____

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Form: OLWR-SWR-1A

Print Name of Responsible Licensee and License No. Bernard Frost D-217 Date 8-24-09 Signature of Licensee Bernard Frost