

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: Walker-Hill Environmental, Inc.  
 Date drilling completed: 9/11/09

**State Well Report**  
**Part 1 – Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G 63  
 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>James Wyatt Stephens</u>	Latitude: <u>31 ° 34 ' 03 "</u> Longitude: <u>90 ° 03 ' 38 "</u>
Mailing Address: <u>16 Jim Stephens Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Silver Creek MS 39663</u> City State Zip Code	<u>SE 1/4 SE 1/4 Sec 13 TwN 7N Rng 11E</u> 21W
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4 Miles SW of Silver Creek</u>

**Well / Borehole Data**

Date drilling started: 9/10/09 Date drilling completed: 9/11/09 Hole depth: 340' Hole diameter: 7.5"

Location of the source of any surface water used for drilling: Foxworth Water Association  
 Method of dosing and volume of Chlorine used in drilling and development: 2 cups HTH per 2000 gal. of water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): No log run

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: 19 feet above or below (circle one) land surface Date measured: 9/11/09

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

Well depth: 333 Well grouted to a depth of 50 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 313 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 305 feet to 325 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 next page***

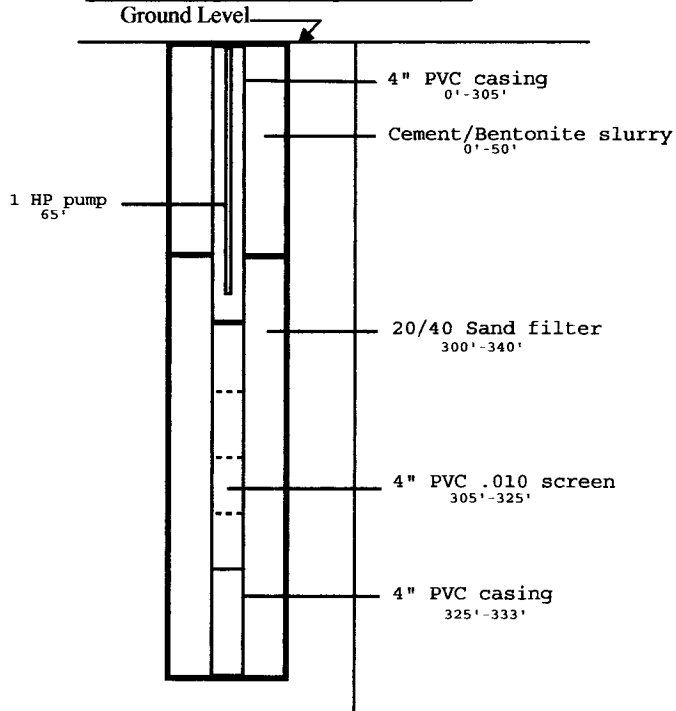
Form: OLWR-SWR-1A (04/08)

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**BY: OLWR**

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

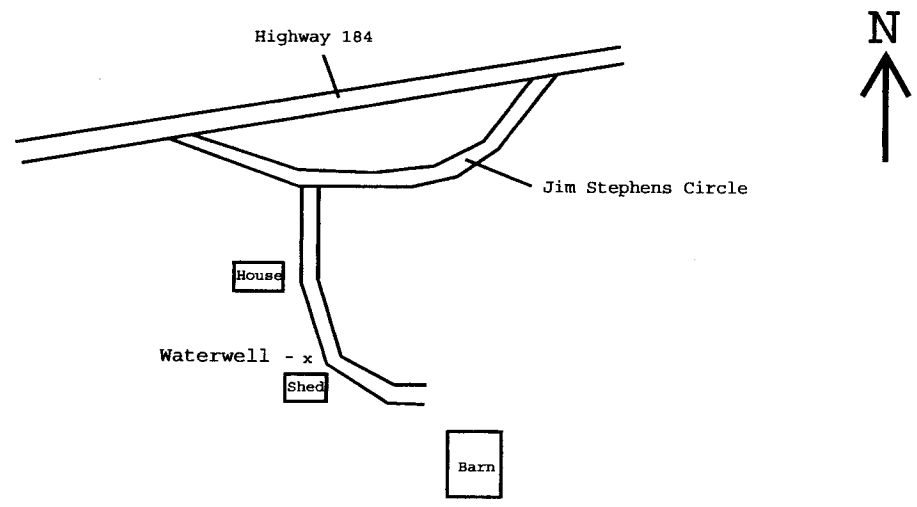


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Tan clay	Ground Level	30'
Sand	30'	38'
Blue/Grey/Tan clay	38'	92'
Fine sand	92'	105'
Blue clay	105'	225'
Fine sand	225'	240'
Clay	240'	265'
Sand small clay breaks upper 25'	265'	325'
Blue clay	325'	340'

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) a north arrow.



Landowner Name: James Wyatt Stephens - waterwell

Form: OLWR-SWR-1A (04/08)

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.

Gary D Hill

0-578

9-23-09

*[Signature]*

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: Walker-Hill Environmental  
 Date completed: 9/11/09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 663  
 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>James Wyatt Stephens</u>	Latitude: <u>31° 34' 03" N</u> Longitude: <u>90° 03' 38" W</u>
Mailing Address: <u>16 Jim Stephens Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
<u>Silver Creek MS</u> <u>39663</u> City                      State                      Zip Code	<u>SE ¼ SE ¼ Sec 13 T 7N R 11E</u> Distance                      Direction                      Nearest Town <u>4</u> Miles <u>SW</u> of <u>Silver Creek</u>
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9/11/09</u>	Setting Depth: <u>65</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/11/09</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>19</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>29</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Gary P. Hill                      0-578                      G. P. Hill  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form: OLWR-SV-13 (04/08) **RECEIVED**  
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