

MAR-23-05 07:53

FROM-LAND & WATER

601-354-6938

T-087 P.01

F-156

County: Benton  
 Permit #: \_\_\_\_\_  
 Driller: [Signature]  
 Date drilling completed: 10/30/06

**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 #: A-41  
 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.*

<b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Rudy Sletcher</u> Mailing Address: <u>4431 Bryan Rd</u> <u>1312 US Hwy 72</u> <u>Michigan City, MS</u> City State Zip Code Telephone No. <u>Lamar MS 35647</u> <u>38642</u>		<b>Well or Borehole Location</b> Latitude: <u>34.56.48"</u> Longitude: <u>89.23.48"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 19 34 Twp 18 Rng 1W</u> Distance <u>5</u> Miles Direction <u>West</u> of Nearest Town <u>Mich City</u>	
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**Well / Borehole Data**

Date drilling started: 10/30 Date drilling completed: 10/30 Hole depth: 115 Hole diameter: 4"

Location of the source of any surface water used for drilling: None  
 Method of closing 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 log(s): \_\_\_\_\_

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: 17' feet above or below (circle one) land surface Date measured: 11/1/06

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

Well depth: 115' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Benlonite Mix

Casing length: 105 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 105' feet to 115' 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 all next page*

Form: OLWR-SWR-1A

*needs bond change*

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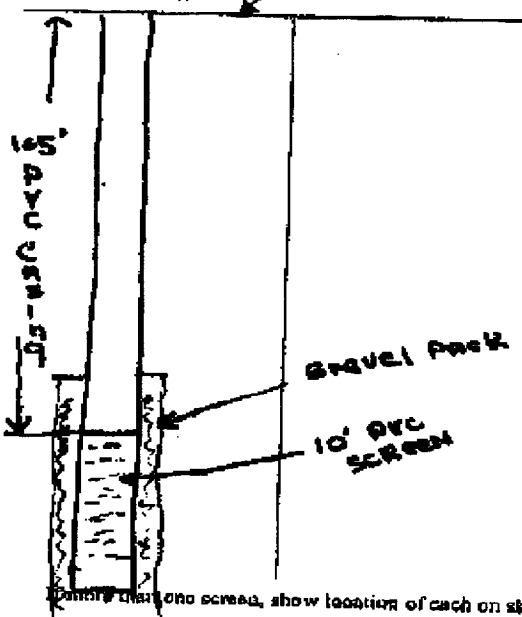
P.02

F-155

A-41

The sketch below only restricted for water wells

If well is complete, show depth on sketch  
Ground Level



Description of Formations Encountered must be provided for all wells and borings, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
GRAND	30	30
CRAY	55	55
SAND	55	115

Indicate locations screens, 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.

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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.

Print Name of Responsible Licensee and License No. \_\_\_\_\_ Date \_\_\_\_\_

Signature of Licensee *Bernard Frost*

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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)961-3210  
 (601)954-6938 (fax)

County: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: Frost  
 Date completed: 11/1/06  
*Copy information from blank on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A-41  
 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>Rudie Fletcher</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4431 Bryan Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mich. City</u> MS	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code <u>38647</u>	_____ 1/4 _____ 1/4 Sec <u>19</u> T <u>15</u> R <u>1W</u>
Telephone No. ( _____ ) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>West</u> of <u>Mich. City</u>

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>3/4 HP</u>
Date Pump Installed: <u>11/1/06</u>	Sinking Depth: <u>60'</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>11/1/06</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>17'</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>60'</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.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer: Bernard Frost

Form: OLWR-SWR-1B

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