

BENTON

County: BENTON
 Permit #: 500
 Driller: Wilson Well Co.
 Date drilling completed: 11-1-10

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: B 39
 Well #: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>MICHAEL FOLK</u> Mailing Address: <u>15359 Hwy 72</u> <u>ASHLAND</u> <u>MS</u> <u>38683</u> City State Zip Code Telephone No. <u>(662) 471-1010</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 57.02"</u> Longitude: <u>89° 09.13"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 36 Twn T15 Rng R1E</u> Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>CANSAAN</u></p>
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Well / Borehole Data

Date drilling started: 11-1-10 Date drilling completed: 11-1-10 Hole depth: 160' Hole diameter: 4"

Location of the source of any surface water used for drilling: PUBLIC SUPPLY
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM - 1 liter

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: 80 feet above or below (circle one) land surface Date measured: 11-1-10

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: Perforated PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Perforated PVC

Screen slot size: .010 inches Setting depth: From _____ feet to _____ feet


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

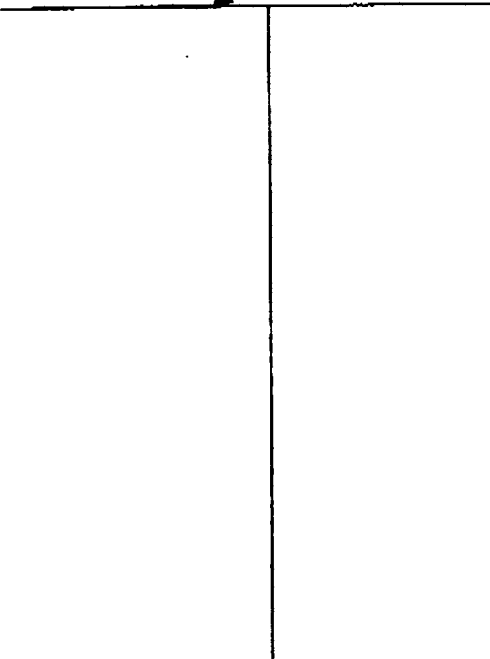
Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

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

If well telescopes, show depths on sketch

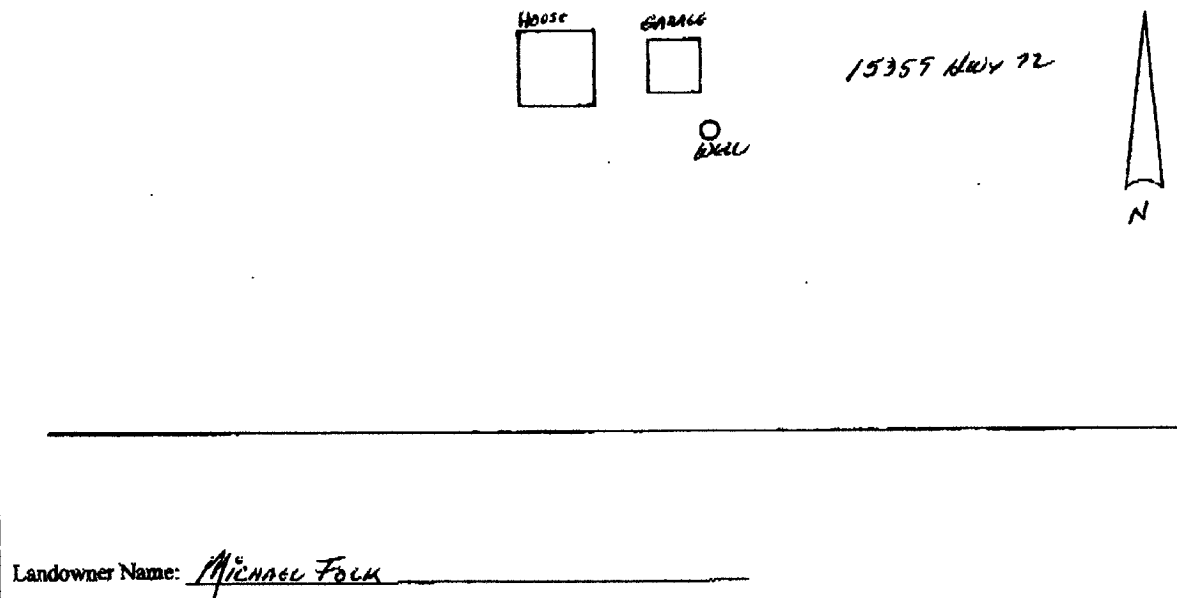
Ground Level 







Description of Formations Encountered	From (depth)	To (depth)
Red Clay / SAND	Ground Level	20
SAND	20	40
SAND	40	60
SAND	60	80
CLAY / SAND	80	100
SAND	100	120
SAND	120	140
SAND	140	160

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.

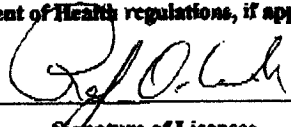


House  Garage  Well  1535 Hwy 72 

Landowner Name: Michael Folk

Form: OLWR-SWR-1A

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.

Rodney Wilson 11-1-10 
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Benton
 Permit #: 682
 Driller: Wilson Well Co.
 Date completed: 11-1-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B39
 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>Michael Fowl</u> Mailing Address: <u>15359 Hwy 72</u> <u>Ashlawn</u> <u>Ms.</u> <u>38683</u> City State Zip Code Telephone No. <u>(662) 471-1010</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>36</u> T <u>T15</u> R <u>R1E</u> Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>Cannon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>11-1-10</u> Rated Pump Capacity: <u>22-25</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2 HP</u> Setting Depth: <u>120</u> feet Number of Stages: <u>22</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-1-10</u> Static Water Level (A): <u>80</u> Feet Below Land Surface Pumping Water Level (B): <u>120</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface Test Pumping Rate: <u>22-25</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): <u>MC Plastic Pipe</u> 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.

Rochelle Wilson 0418 Ralph Will
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer