

MAR-23-05 07:53

FROM-LAND & WATER

601-954-6938

T-097

P.01

F-155

County: Benton
 Permit #: _____
 Driller: [Signature]
 Date drilling completed: 11/17/06

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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Acquirer: _____
 Well #: C-30
 I. 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 <i>(Landowner if borehole is not for a water well)</i>		Well or Borehole Location	
Owner Name: <u>Dorothy Maclean</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>896 Walnut Lake Rd</u>	Method of Lat/Long (circle one): Convolutional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Walnut, MS</u>	_____ 1/4 _____ 1/4 Sec <u>30</u> Twp <u>13</u> Rng <u>3E</u>	Distance _____ Miles	Direction _____ of Nearest Town <u>Walnut</u>
City State Zip Code			
Telephone No. (_____) _____			

Well / Borehole Data
 Date drilling started: 11/17 Date drilling completed: 11/17 Hole depth: 85' 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: 30 feet above or below (circle one) land surface Date measured: 11/20/06
 Method of Measurement (circle one) steel tape electric tape air line other: PVC pipe
 Well depth: 85 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 75 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 0.15 inches Setting depth: From 75' feet to 85' 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*

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FROM-LAND & WATER

601-954-8838

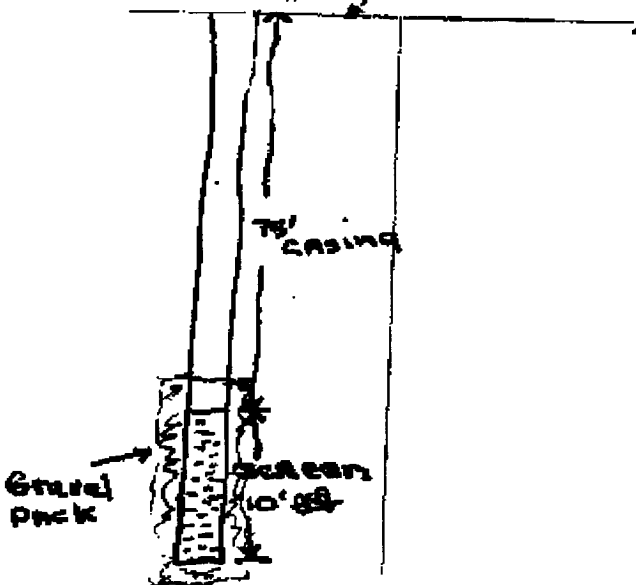
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C-30

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level _____



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
CLAY	0	10
SAND	10	15
SAND	15	25

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: _____

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*

Form: OLWR-SWR-1A

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FROM-LAND & WATER

601-354-6036

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: Rankin
 Permit #: _____
 Driller: [Signature]
 Date completed: 11/20/06
 Copy instructions from blank Part 1

For Office Use Only:
 Aquifer: _____
 Well #: C-30
 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>Dorothy Macken</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>896 Walnut Lake Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Walnut</u> MS	LISGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ N _____ S _____ E _____ W
Telephone No. () _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>W</u> of <u>Walnut</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>11/20/06</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill House Power Rating of Motor: <u>3/4 HP</u> Siting Depth: <u>60'</u> feet Number of Stages: <u>12</u>
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/20/06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Dielectric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): <u>PVC Pipe</u>
Static Water Level (A): <u>30'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>60'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown (B) - (A): _____ Feet Below Land Surface	
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: [Signature]