

# 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)

County: Benton  
Permit #: 565  
Driller: Wilson New-June Co  
Date drilling completed: 8-10-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: E-98  
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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Memphis Memorial</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>24 E. GALLOWAY</u>                                       | Method of Lat/Long (circle one): Conventional Survey, _____<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Memphis TN 38111</u>  | <u>1/4 Sec 23 Twn T25 Rng R1E</u>   |
| City State Zip Code  | Distance Direction Nearest Town   |
| Telephone No. <u>(901) 521-8187</u>  | <u>5 Miles E of Hwy 5 - SOK 72</u>  |

Well / Borehole Data

Date drilling started: 8-10-06 Date drilling completed: 8-10-06 Hole depth: \_\_\_\_\_ 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 hour

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: 100 feet above or below (circle one) land surface Date measured: 8-10-06

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

Well depth: 200 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: Plastic PVC

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

Screen slot size: .010 inch From 150 feet to 200 feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development \_\_\_\_\_

Other (describe): \_\_\_\_\_

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

Form: OLWR-SWR-1A

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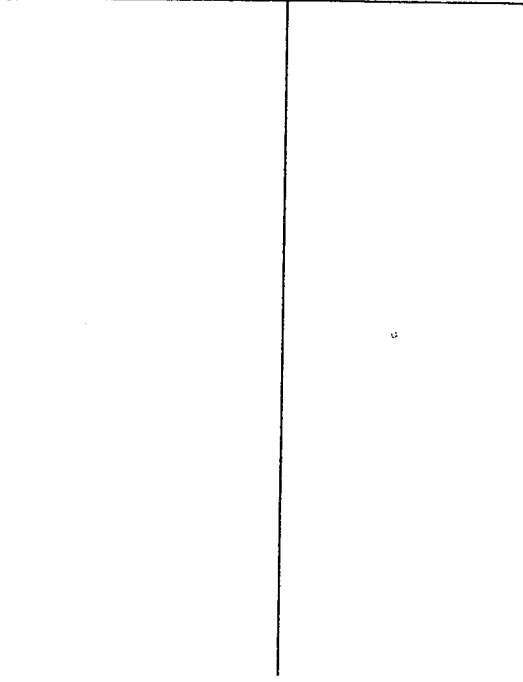
E-98

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.

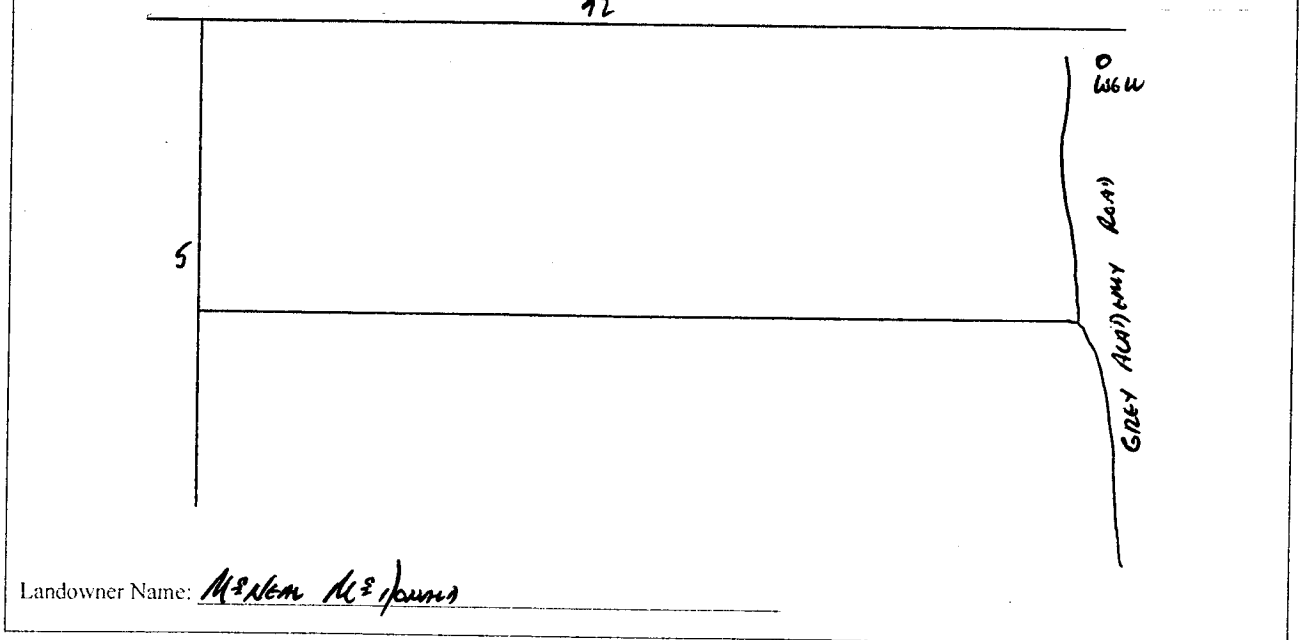
Ground Level →



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| RED SAND / CLAY                       | 0            | 40         |
| RED SAND / CLAY / ROCK                | 40           | 80         |
| CLAY / ROCK                           | 80           | 120        |
| CLAY / SAND                           | 120          | 160        |
| SAND                                  | 160          | 200        |
|                                       |              |            |
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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: Mr. & Mrs. McPherson

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 0-418      8-15-06  
Print Name of Responsible Licensee and License No.      Date

[Signature]  
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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: BENTON  
 Permit #: 565  
 Driller: WYSON WELLS - JOHN LAY  
 Date completed: 8-11-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-98  
 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>MENELA MEDINA</u>       | Latitude: _____ Longitude: _____                           |
| Mailing Address: <u>24 E. GALLOWAY</u> | Method of Lat/Long (check one): Conventional Survey _____  |
| <u>Memphis TN 38111</u>                | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code                    | <u>1/4 1/4 Sec 23 T 725 R 11E</u>                          |
| Telephone No. <u>(901) 521-8187</u>    | Distance Direction Nearest Town                            |
|  | <u>5 Miles E of Hwy 5 - S of 72</u>                        |

| Pump Type<br>Circle one                               | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <input type="radio"/> <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 HP</u>  |
| Date Pump Installed: <u>8-11-06</u>                   | Setting Depth: <u>150</u> feet            |
| Rated Pump Capacity: <u>12-14</u> Gallons Per Minute  | Number of Stages: <u>12</u>               |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>8-11-06</u>                            | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): <u>100</u> Feet Below Land Surface  | Other (specify): <u>PVC PLASTIC PIPE</u>  |
| Pumping Water Level (B): <u>190</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>90</u> Feet Below Land Surface     | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>12-14</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.

Rodney Wilson 0-418      Raf O. Webb  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OWR-502-B  
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