

MAR-23-05 07:53

FROM-LAND & WATER

801-354-6930

T-087 P.01

F-155

County: Benton  
 Permit #: \_\_\_\_\_  
 Driller: [Signature]  
 Date drilling completed: 11/21/06

**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:*  
 Acquirer: \_\_\_\_\_  
 Well #: E-100  
 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>Eric Howells</u>		Latitude: <u>34° 53' 49"</u>	Longitude: <u>89° 11' 54"</u>
Mailing Address: <u>2634 Pooty Road</u>		Method of Lat/Long (circle one): Conventional Survey	
<u>Michigan City, MS</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code		<u>SW NE</u> 1/4 Sec <u>21</u> Twp <u>25</u> Rng <u>1E</u>	
Telephone No. ( )		Distance: <u>3.5</u> Miles	Direction: <u>N</u> of Nearest Town: <u>Oshtemo</u>

**Well / Borehole Data**

Date drilling started: 11/21 Date drilling completed: 11/21 Hole depth: 99' 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 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: 45 feet above or below (circle one) land surface Date measured: 11/21/06

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

Well depth: 99 feet Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 89 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 0.13 inches Screening depth: From 89 feet to 99 feet

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

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

Top of tap pipe or reduction in casing: \_\_\_\_\_ feet. *If it is ramed or more than one screen, describe on next page*

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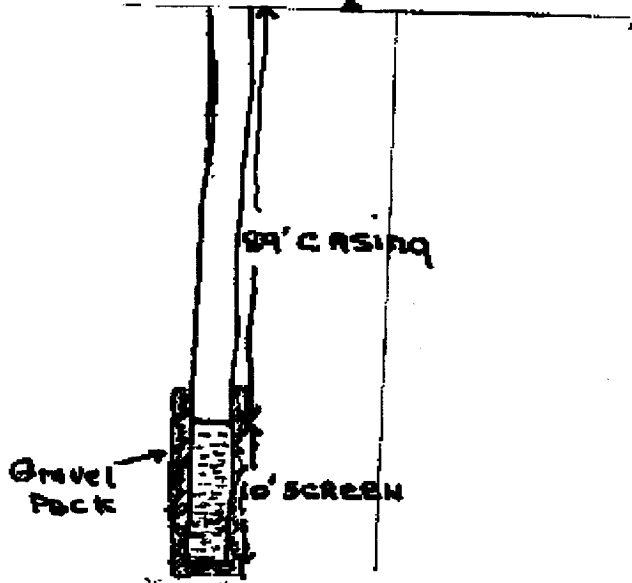
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T-097 P.02 F-165

E-100

The sketch below only required for water wells.

If well (at least), show depths on sketch.  
Ground Level



(if more than one screen, show location of each 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)
	Ground Level	18
Clay		
Sand	18	48
Clay	48	55
Sand	55	70
Clay	70	75
Sand	75	99

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 \_\_\_\_\_

Form: OLWR-SWR-1A  
 Signature of Licensee: *Bernard Frost*  
 Signature of Licensee

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FROM LAND & WATER

601-354-6938

T-097 P.08 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)

Country: Rendon  
 Parcel #: \_\_\_\_\_  
 Owner: Frost  
 Date completed: 11/21/06  
*Copy information from block on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-100  
 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>Eric Howells</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2634 Parroy Chapel</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Michigan City, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21 T 29 R 1E</u>
Telephone No. (____)	Distance Direction Nearest Town
	<u>35</u> Miles <u>N</u> of <u>Osborne</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	W/manual Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>11/21/06</u>	Setting Depth: <u>85</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>11/21/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>85</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.

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