

# 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 #: E-101  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Benton  
Permit #: 565  
Driller: Wilson Well Co.  
Date drilling completed: 12-26-06

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>Robert McNeill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14418 Hwy 72</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Canaan</u> <u>Ms</u> <u>38612</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>T25</u> Rng <u>R1E</u>
Telephone No. ( <u>901</u> ) <u>553-4975</u>	Distance <u>5</u> Miles Direction <u>NW</u> of Nearest Town <u>CANAAN</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>12-19-06</u> Date drilling completed: <u>12-26-06</u> Hole depth: <u>105</u> Hole diameter: <u>4</u>	
Location of the source of any surface water used for drilling: <u>Public Supply</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>50 ppm direct</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>12-19-06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>PVC PIPE</u>	
Well depth: <u>105</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>95</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>95</u> feet to <u>105</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>NA</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

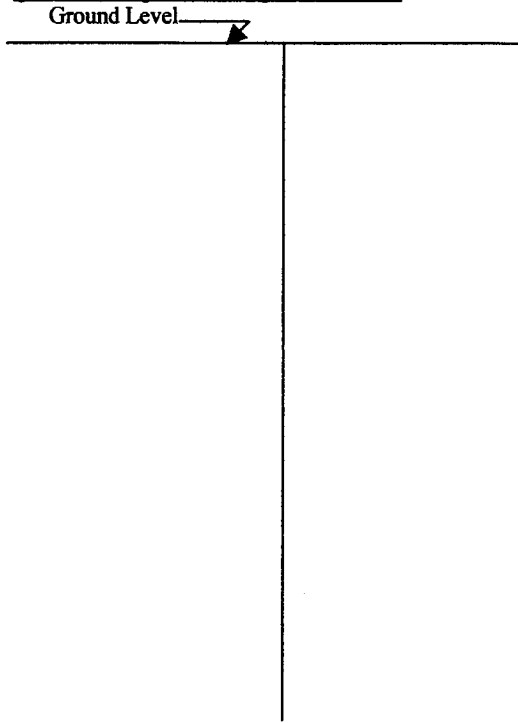
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E-101

The sketch below only required for water wells

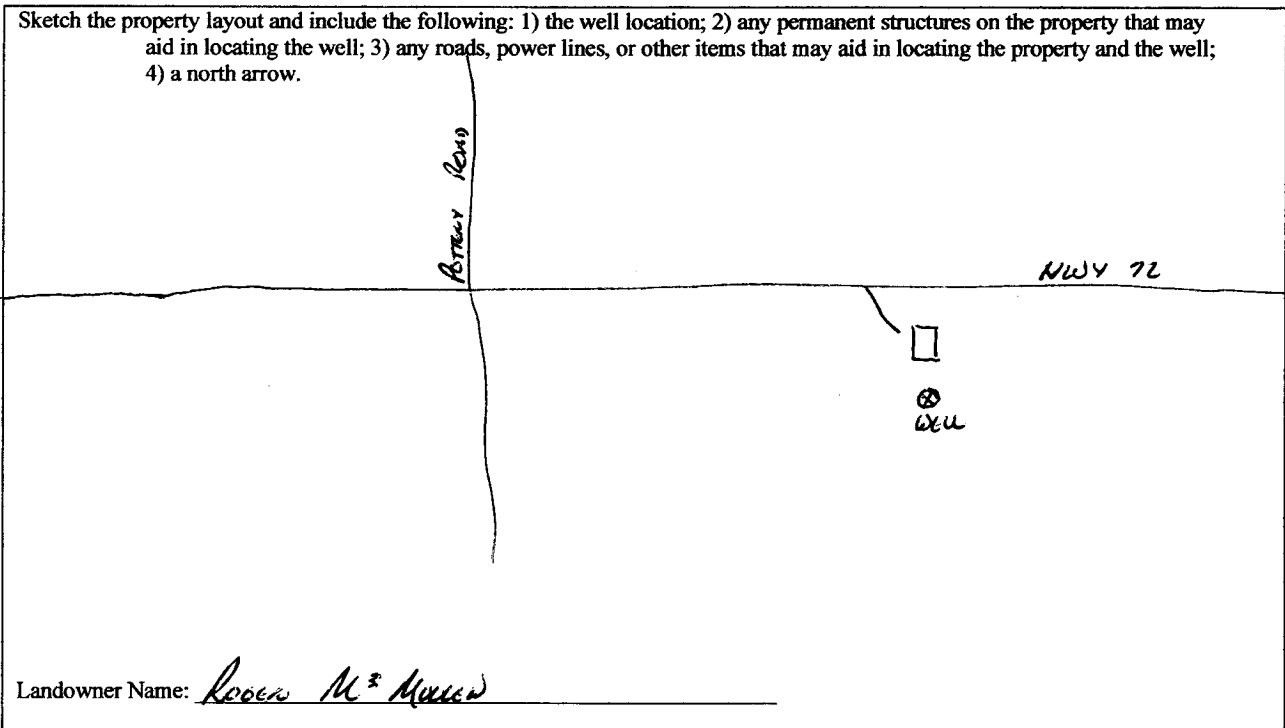
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
RED CLAY	Ground Level	15
SAND	15	30
SAND	30	45
SAND/CLAY	45	60
SAND	60	75
SAND	75	90
WHITE SAND	90	105

If more than one screen, show location of each on sketch



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.

Roderic D. Wilson 0-418 1-2-07  
 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: DeSoto  
 Permit #: 565  
 Driller: Wilson Well Co.  
 Date completed: 12-20-06  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-101  
 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>Rocco McMillen</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14418 Hwy 72</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CANAAN</u> <u>Ms</u> <u>38612</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>T25</u> R <u>R1E</u>
Telephone No. <u>(901) 553-4975</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>CANAAN</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>12-20-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-20-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>PVC Plastic Pipe</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>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 D Wilson 0-418 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-1B  
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