

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 104
L. S. Elevation: _____
E-log #: _____

County: BENTON
Permit #: 565
Driller: WISSEN WELL COMPANY
Date drilling completed: 1-14-08

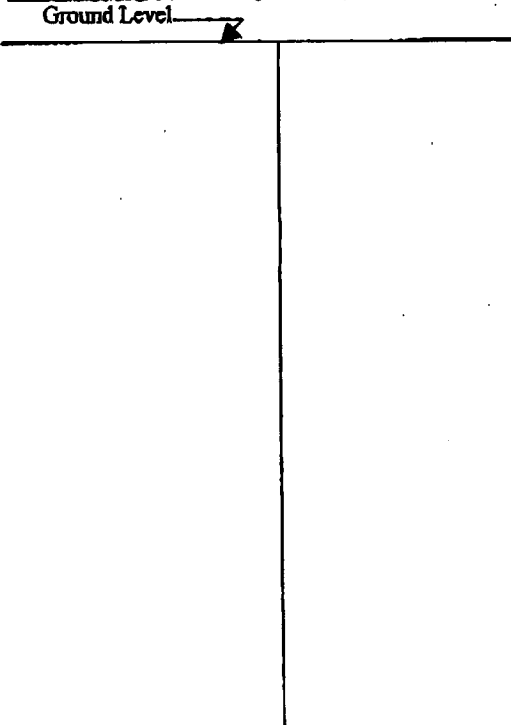
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CHEYL RICHARDS JORDAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8 PALESTINE COVE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MICHIGAN CITY MS 38647</u> City State Zip Code	<u>1/4 1/4 Sec 21 Twn T25 Rng 121E</u>
Telephone No. <u>(662) 224-6780</u>	Distance <u>3</u> Miles Direction <u>S</u> of Nearest Town <u>NEW 72</u>
Well / Borehole Data	
Date drilling started: <u>1-14-08</u> Date drilling completed: <u>1-14-08</u> Hole depth: <u>80'</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 11265</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) _____	
<u>If drilling is not related to water well construction, skip the remainder of this block</u>	
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>40</u> feet above or below (circle one) land surface Date measured: <u>1-14-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>PVC PIPE</u>	
Well depth: <u>80'</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>70</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC PLASTIC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC PLASTIC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>70</u> feet to <u>80</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. <u>If telescoped or more than one screen, describe on next page</u>	

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

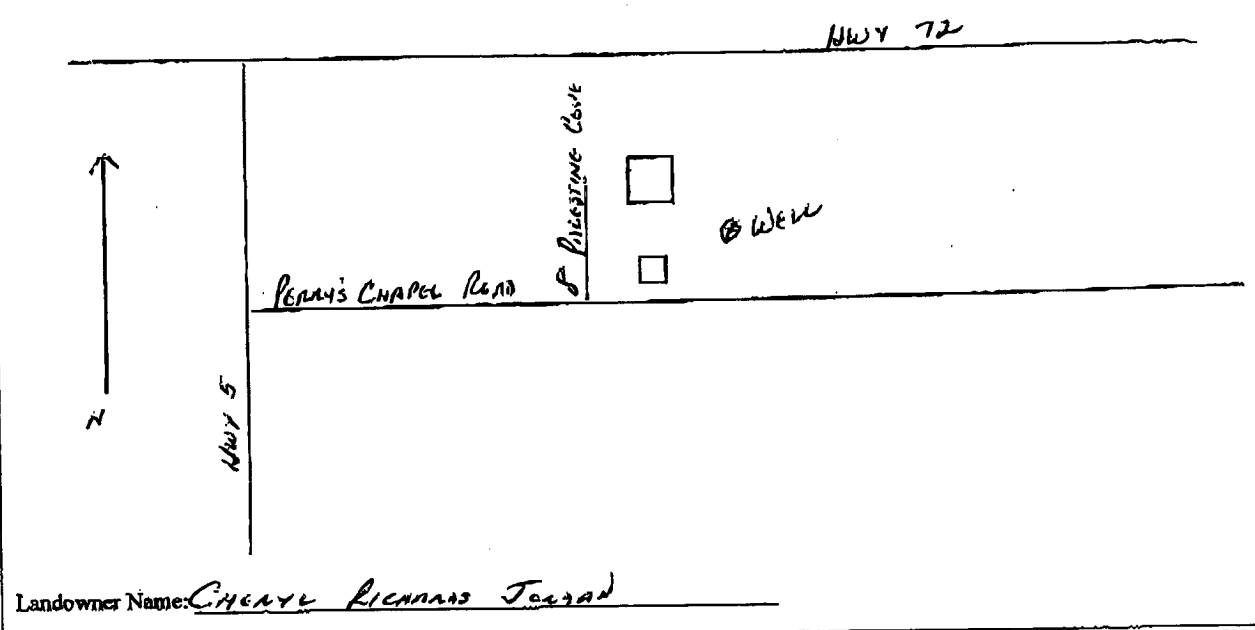
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground Level	15
Red Sand	15	30
SAND	30	45
SAND / CLAY	45	60
SAND	60	80

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: CHERYL RICHARDSON TORRAN

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 D. Wilcox 0-418 1-4-08
Print Name of Responsible Licensee and License No. Date

[Signature]
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: DeWitt
 Permit #: 565
 Driller: Wilson Well Company
 Date completed: 1-14-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-104
 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>CHRYL RICHARDS TORIAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8 PALMISTE COVE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Memphis City MS 38647</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 21 T 72 S R 11 E</u>
Telephone No. <u>(662) 224-6780</u>	Distance Direction Nearest Town
	<u>3 Miles S of Hwy 72</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>1-14-08</u>	Setting Depth: <u>60</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>1-14-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>PC Plastic Pipe</u>
Pumping Water Level (B): <u>60</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.

Roberta D. Wilson 0-418 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer