

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: BAYLON
 Permit #: MSFW-16953
 Driller: GARWOOD HUSTON WBLCO.
 Date drilling completed: 2-13-09

For Office Use Only:

Aquifer: WLCXL
 Well #: G 45
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>KEVIN SIMPSON</u>	Latitude: <u>31° 50' 55"</u> Longitude: <u>89° 15' 18"</u>
Mailing Address: <u>P.O. BOX 26</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>ASHLAND</u> <u>MS</u> <u>38603</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>21</u> Twn <u>35</u> Rng <u>1W</u>
Telephone No. <u>(662) 224-3241</u>	Distance <u>3</u> Miles Direction <u>WEST</u> of Nearest Town <u>ASHLAND</u>

Well / Borehole Data

Date drilling started: 2-13-09 Date drilling completed: 2-13-09 Hole depth: 340 Hole diameter: 21"

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: 5 lb. SHOCKING

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 NA Other (describe) _____

Static Water Level: 165 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: WELL SOUNDER

Well depth: 340 Well grouted to a depth of 60 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 280 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 280 feet to 340 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: NA feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

RECEIVED

MAR 05 2012

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: BAYLOR
 Permit #: MSGW-16953
 Driller: GARRETT HANSTON WELL CO.
 Date completed: 2-13-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G45
 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>KEVIN SIMPSON</u>	Latitude: <u>34°50'55"</u> Longitude: <u>89°15'18"</u>
Mailing Address: <u>P.O. Box 26</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>ASHLAND MS 38663</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 2 T 35 R 1W</u>
Telephone No. <u>(662) 224-3241</u>	Distance Direction Nearest Town
	<u>3 Miles WEST of ASHLAND</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100 HP</u>
Date Pump Installed: <u>2-27-2009</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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 _____

Form: OLWR-SWR-1B (04/08)

RECEIVED

MAR 05 2012

BY: OLWR