

Benton

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:

County: Tippah
Permit #: _____
Driller: _____
Date drilling completed: 9/30/08

Aquifer: _____
Well #: P-21
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>RON ROSARGE</u></p> <p>Mailing Address: <u>2327 Wakefield Rd</u> <u>Cold Water, MS 38618</u> City State Zip Code</p> <p>Telephone No. <u>(901) 230-8987</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 36' 31"</u> Longitude: <u>89° 07' 10"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>1/4</u> <u>1/4</u> Sec. <u>32</u> Twn <u>55</u> Rng <u>2 E</u></p> <p>Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>Hickory Flat MS</u></p>
---	--

Well / Borehole Data

Date drilling started: 9/21/08 Date drilling completed: 9/30/08 Hole depth: 470 Hole diameter: 8"

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

Method of dosing and volume of Chlorine used in drilling and development: 5PPM

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: 157 feet above or below (circle one) land surface Date measured: 9/30/08

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

Well depth: 470 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 410 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 410 feet to 470 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: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

RECEIVED

OCT 24 2008

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

For Office Use Only:

Aquifer: _____
 Well #: P-21
 Elevation: _____

County: Tippah

Permit #: _____

Driller: Parks & Parks

Date completed: 9/30/08

Copy information from block on Part 1

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

Owner Name: Ron Bosarge
 Mailing Address: 2327 Wakefield Rd
Cold Water, MS 38618
City State Zip Code
 Telephone No. 901-230-8987

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 32 T 55 R 2E
 Distance Direction Nearest Town
4 Miles SW of Hickory Plains, MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 9/30/08
 Rated Pump Capacity: 15 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: _____
 Setting Depth: 252 feet
 Number of Stages: 12

Pump Test Data

Date Well Tested: 9/30/08
 Static Water Level (A): 157 Feet Below Land Surface
 Pumping Water Level (B): 190 Feet Below Land Surface
 Drawdown [(B) - (A)]: 33 Feet Below Land Surface
 Test Pumping Rate: 15 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge:

Rayburn Parks 0-414
 Print Name of Pump Installer and License No. (if applicable)

Rayburn Parks
 Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

OCT 24 2008

BY: OLWR

