

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: Cochran
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 4-26-11

For Office Use Only:
Aquifer: A 35
Well #: _____
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>Lottie B. Furdge</u>	Latitude: <u>34° 28' 81" N</u> Longitude: <u>090° 32' 58" W</u>
Mailing Address: <u>Thompson Chapel Mb Church</u> <u>2335 Thompson Rd.</u> <u>Dundee MS 38626</u>	Method of Lat/Long (circle one): Conventional Survey, <u>4a</u> <u>3S</u>
City: _____ State: _____ Zip Code: _____	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>662-337-4376</u>	NW ¼ NE ¼ Sec <u>7</u> Twn <u>30N</u> Rng <u>3W</u>
	Distance: _____ Direction: <u>18</u> Nearest Town: _____ <u>7</u> Miles <u>W</u> of <u>2419</u>

Well / Borehole Data

Date drilling started: 4-26-11 Date drilling completed: 4-26-11 Hole depth: _____ Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: water from shallow well at home

Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets

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: Toilets & Sinks

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 23' feet above or below (circle one) land surface Date measured: 4-26-11

Method of Measurement (circle one) steel tape electric tape air line other: Rope + weight

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC 160

Screen length: 10' feet Screen diameter: 4 inches Type of screen: PVC-slotted

Screen slot size: .013 inches Setting depth: From 90 feet to 100 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: -0- feet. *If telescoped or more than one screen, describe on next page*

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

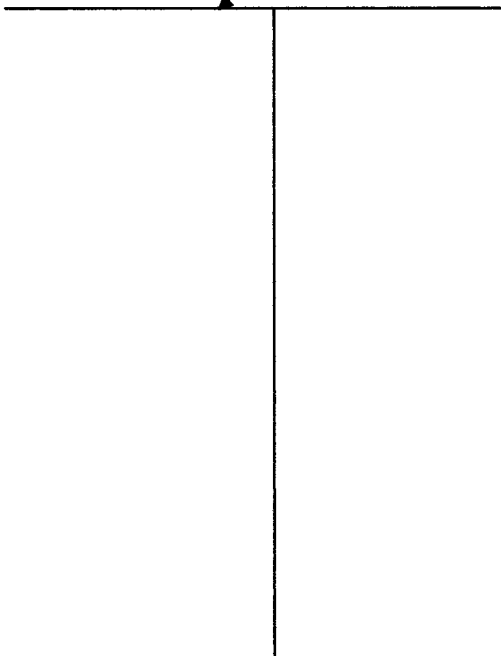
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The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

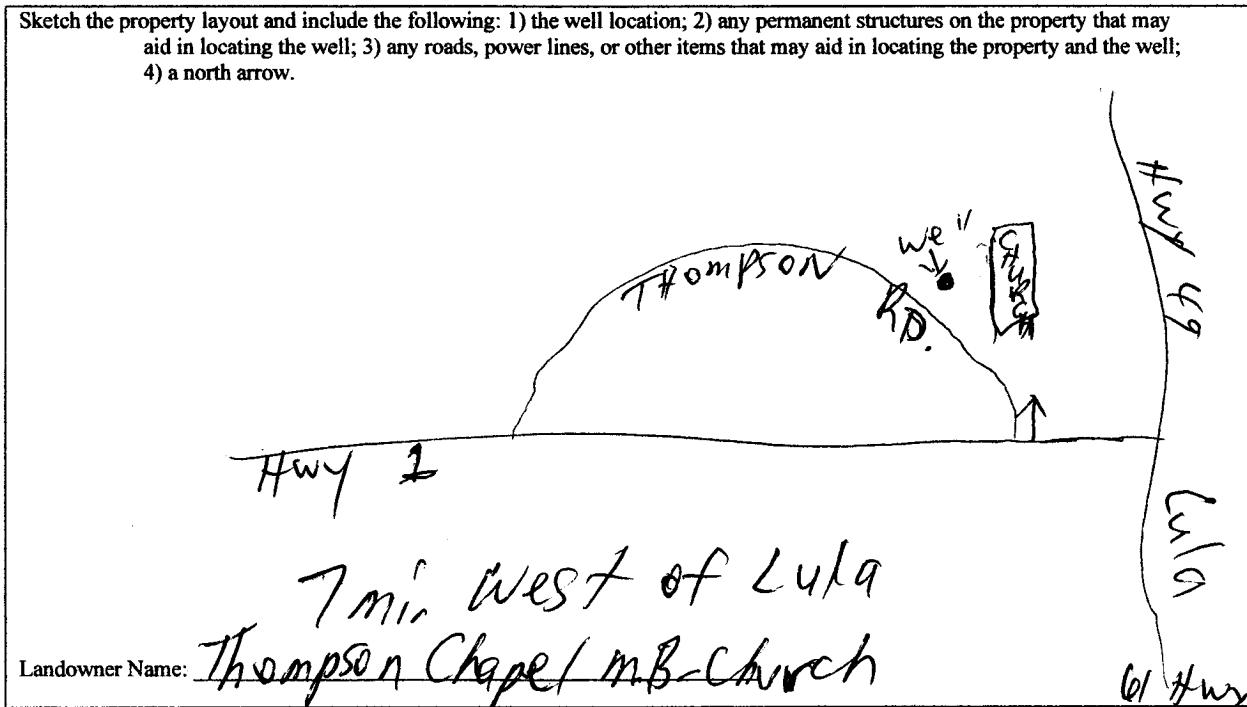


Description of Formations Encountered	From (depth)	To (depth)
Brown sand & Clay	Ground Level	2.0
Clay & med. sand	2.0	4.0
Pea gravel	4.0	6.0
gravel	6.0	8.0
	8.0	10.0

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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.



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

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.

Willie L. Bryant 0-639 5-23-11 Willie L. Bryant
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Cochama
 Permit #: _____
 Driller: Willie Bryant
 Date completed: 4-26-11
Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: A35
 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>Lottie B Furdge</u>	Latitude: <u>34°28.81' N</u> Longitude: <u>090°32.58' W</u>
Mailing Address: <u>Thompson Chapel mb church</u> <u>2335 Thompson Rd</u> <u>Dundee MS 38626</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>7</u> T <u>30N</u> R <u>3W</u>
Telephone No. <u>(662) 337-4376</u>	Distance <u>7</u> Miles Direction <u>18</u> of <u>W</u> Nearest Town <u>Zula</u>

Pump Type	Power Type
Circle one Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Circle one Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>4-26-11</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>4-26-11</u>	Circle one Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>23'</u> Feet Below Land Surface	Other (specify): <u>Rope & weight</u>
Pumping Water Level (B): <u>26'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>3</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Willie L. Bryant 0-639 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: **RECEIVED**
 MAY 25 2011
 BY: OLWR