

State Well Report

Part I - 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: MS River Alluvial
Well #: B87
L. S. Elevation: _____
E-log #: _____

Country: Condoma
Permit #: GW 44850 ✓
Driller: Bill Young
Date drilling completed: 6/12/11

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.

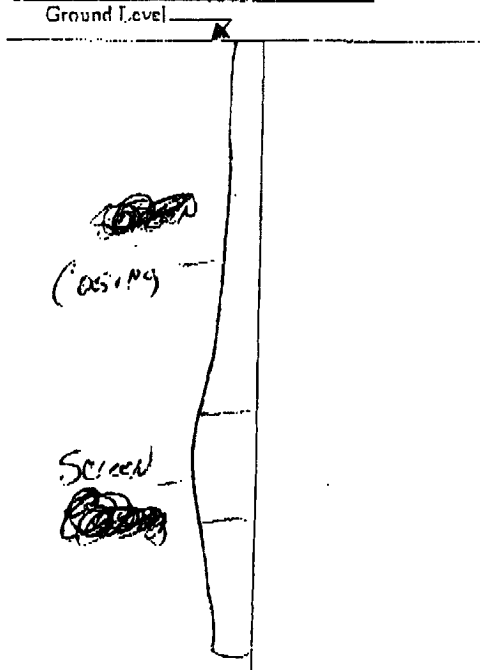
Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Tinae Massey</u>	Latitude: <u>34° 22' 05"</u> Longitude: <u>90° 33' 29"</u>
Mailing Address: <u>5 Bridge Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rich</u> <u>MS</u> <u>38617</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 Sec 24</u> <u>Twp 29N</u> <u>Rng 04W</u>
Telephone No. ()	Distance <u>1</u> Miles Direction <u>N</u> of Nearest Town <u>Wahona</u>

Well / Borehole Data	
Date drilling started: <u>6/12/11</u>	Date drilling completed: <u>6/12/11</u> Hole depth: <u>120</u> Hole diameter: <u>9 1/8"</u>
Location of the source of any surface water used for drilling: <u>Local Ditch</u>	Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	Name of organization running logs: <u>N/A</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) <u>N/A</u>	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>20</u> feet above or below (circle one) <u>land surface</u> Date measured: <u>6/12/11</u>	Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____
Well depth: <u>120</u> Well grouted to a depth of <u>120</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	Casing length: <u>80</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>050</u> inches Setting depth: From <u>0</u> feet to <u>120</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of log pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

The sketch below only required for water wells

If well telescopes, show depths on sketch.

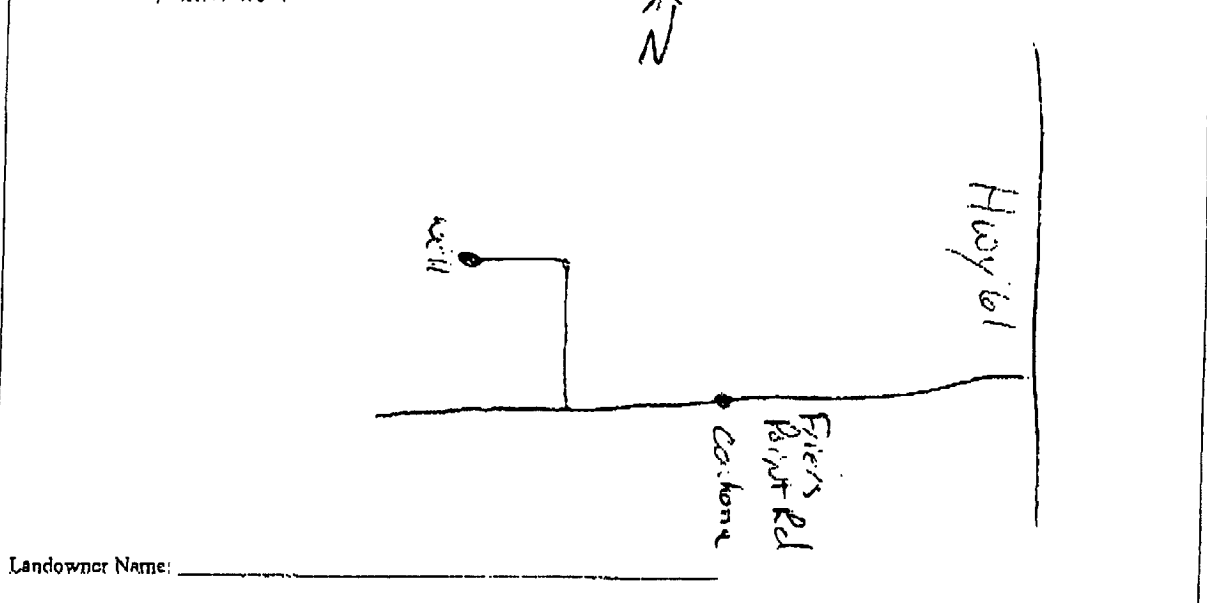


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
Gravel	Ground Level	25
Coarse sand	25	75
Coarse Sand Gravel	75	100

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: _____

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.

Will Young

UNR 1495

6/12/11

Will Young

Print Name of Responsible Licensee and License No.

Date

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: Columbia
 Permit #: G-W 44850
 Driller: Will Young
 Date completed: 6/12/11
 Copy information from block on Part 1.

For Office Use Only:

Aquifer: _____
 Well #: B87
 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>Torren Massey</u>	Latitude: <u>34 22 08</u> Longitude: <u>90 33 39</u>
Mailing Address: <u>5 BRIDGE STREET</u>	Method of Lat/Long (check one): Conventional Survey <u>23</u>
<u>Rich MS 38617</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 24 T 29 R 04</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 Miles W of Columbia</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>30</u>
Date Pump Installed: <u>6/12/11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/12/11</u>	Air Line Electric Measuring Line <u>Steel Tap</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2500</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Will Young Will Young
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer