

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)

County: Cookham
Permit #: 46300 J
Driller: Will Young
Date drilling completed: 6-19-2012

For Office Use Only:
Aquifer: _____
Well #: 0142
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) Owner Name: <u>Chris Lively</u> Mailing Address: <u>5073 Willis Rd</u> <u>Tutwiler Ms 38963</u> City State Zip Code Telephone No. () _____	Well or Borehole Location Latitude: <u>33° 59' 35"</u> Longitude: <u>90° 29' 42"</u> Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/> <u>NW 1/4 SE 1/4 Sec 34 Twn 25N Rng 03W</u> Distance <u>5</u> Miles Direction <u>W</u> of Nearest Town <u>Dublin</u>
--	--

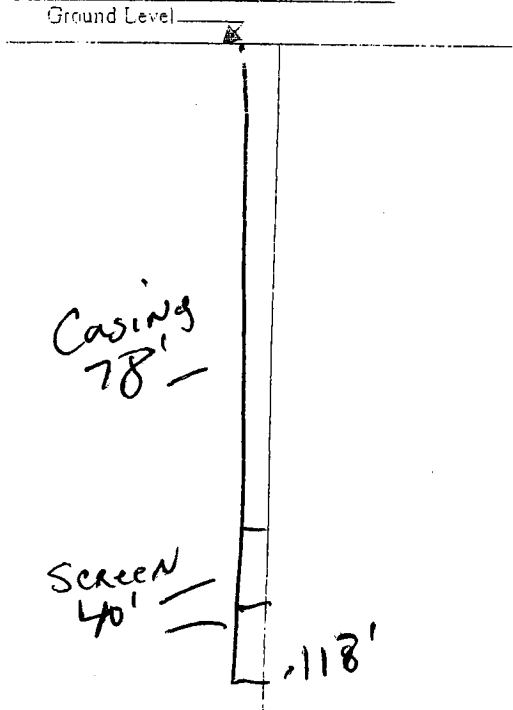
Well / Borehole Data
Date drilling started: 6-19 Date drilling completed: 6-19 Hole depth: 118 Hole diameter: 22"
Location of the source of any surface water used for drilling: wood Nearby Well
Method of dosing and volume of Chlorine used in drilling and development: N/A
Logs run (circle all applicable): 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) N/A
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 N/A Other (describe) _____
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 6-19
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 118 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 78 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: 050 inches Setting depth: From 78 feet to 118 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: N/A feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A
RECEIVED
AUG 07 2012
BY: OLWR

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

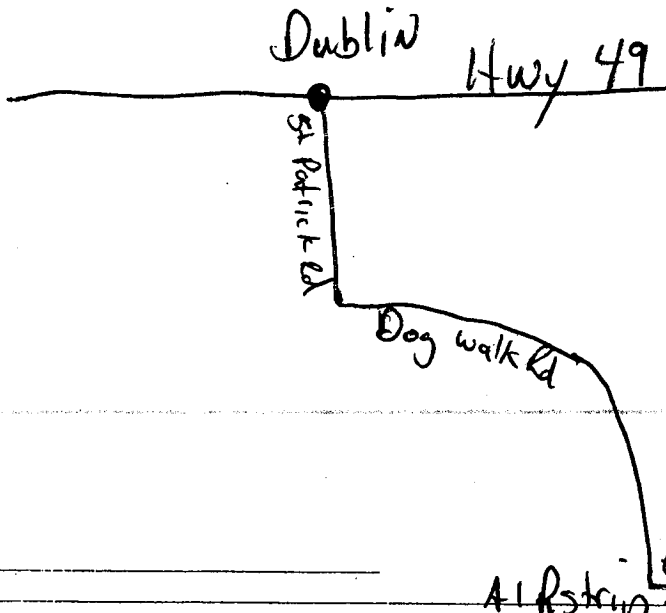
Well telescopes, show depths on sketch:



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	35
FINE Sand	35	40
Coarse Sand	40	45
Coarse Sand Gravel	45	60
Coarse Sand	60	75
Coarse Sand Gravel	75	118

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: _____

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
Print Name of Responsible Licensee and License No.

6-25-12
Date

Will Young
Signature of Licensee

RECEIVED

AUG 07 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Coahoma
 Permit #: 46300
 Driller: Will Young
 Date completed: 6-19-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 0142
 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>Chris Lively</u>	Latitude: <u>33 59 35</u> Longitude: <u>90 29 42</u>
Mailing Address: <u>5073 Willis Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tutwiler Ms 38963</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 34 T. 25N R. 03W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

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>60</u>
Date Pump Installed: <u>6-20-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-20-12</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</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 _____
Test Pumping Rate: <u>2500</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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

RECEIVED
 AUG 07 2012
 BY: OLWR