

### 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)

County: 65090  
 Permit #: 565  
 Driller: Wilson/DeW-  
 Date drilling completed: 2-21-12

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: 136  
 L. S. Elevation: \_\_\_\_\_  
 B-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>CINDY FOX</u>	Latitude: <u>34° 58' 32"</u> Longitude: <u>89° 55' 14"</u>
Mailing Address: <u>4345 OAKLAND DRIVE</u> <u>OLIVE BRANCH</u> <u>MISSISSIPPI 38654</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS NE 1/4 NE 1/4 Sec <u>23</u> Twn <u>15</u> Rng <u>60E</u> 71V
Telephone No. <u>(662) 895-1960</u>	Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>HWY 302</u>

**Well / Borehole Data**

Date drilling started: 2-21-12 Date drilling completed: 2-21-12 Hole depth: 240 Hole diameter: 4 1/2"

Location of the source of any surface water used for drilling: PUBLIC SUPPLY  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM - DIRECT

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: 160 feet above or below (circle one) land surface Date measured: 2-22-12

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

Well depth: 240 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 230 feet Casing diameter: 4 inches Type of casing: PVC PLASTIC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC PLASTIC

Screen slot size: .010 inches Setting depth: From 230 feet to 240 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

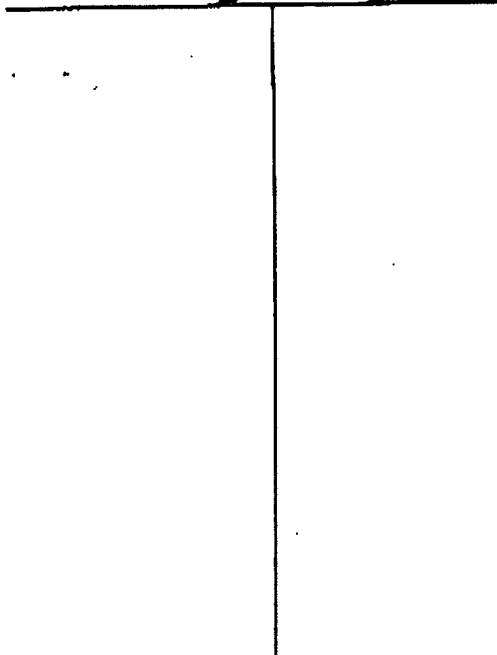
Top of tap pipe or reduction in casing: NA feet. *If telescoped or more than one screen, describe on next page*

C36

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 \_\_\_\_\_

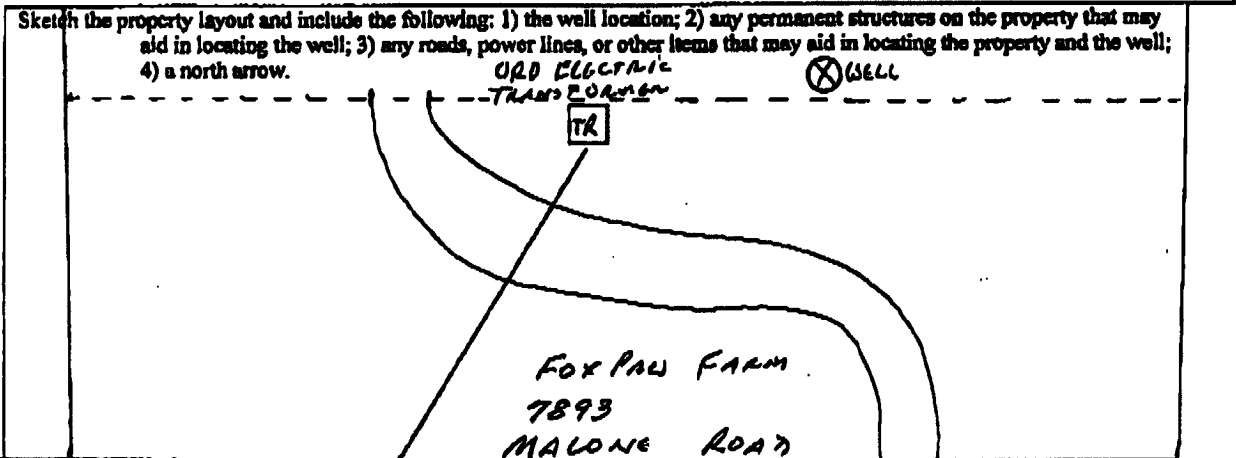


Description of Formations Encountered	From (depth)	To (depth)
SEA CLAY	Ground Level	20
CLAY	20	40
CLAY	40	60
CLAY	60	80
CLAY	80	100
CLAY	100	120
CLAY	120	140
CLAY	140	160
SAND / CLAY	160	180
SAND	180	200
SAND	200	220
SAND	220	240

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

ENV

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: CINDY FOX

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.

Rodney D. Wilson      418

Rodney D. Wilson

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

MSJ 302

# 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: 1/66070  
 Permit #: 565  
 Driller: Wesaw Well-  
 Date completed: 2-21-12  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C36  
 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>Cindy Fox</u>	Latitude: <u>34-58-32</u> Longitude: <u>89-55-14</u>
Mailing Address: <u>4345 OAKMAN DRIVE</u> <u>OLIVE BRANCH</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>MISSISSIPPI</u> <u>38654</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 23 T 15 R 6W</u> Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>HWY 302</u>
Telephone No. <u>(662) 895-1960</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>2-22-12</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>22-25</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-22-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): <u>PVC Peristric Pipe</u>
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>22-25</u> 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.

Robbie D. Wilson 418 Robbie D. Wilson  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer