

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:

Aquifer: _____
Well #: F-150
L. S. Elevation: _____
E-log #: _____

County: LEWIS
Permit #: _____
Driller: Wesley Bell - Jerald Cox
Date drilling completed: 9-19-07

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>KEWAYNE TOG</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2400 GOCAMAN ROAD APT 108</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>OLIVE BRANCH</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>T2S</u> Rng <u>R2E</u>
<u>MISSISSIPPI</u> <u>38654</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>2</u> Miles _____ of <u>ALUMINUM</u>
Telephone No. <u>(504) 219-1034</u>	
Well / Borehole Data	
Date drilling started: <u>9/19/07</u> Date drilling completed: <u>9/19/07</u> Hole depth: <u>185</u> Hole diameter: <u>4"</u>	
Location of the source of any surface water used for drilling: <u>PUBLIC SUPPLY</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>50 LPM - 11005</u>	
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>120</u> feet above or below (circle one) land surface Date measured: <u>9-15-07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>PVC PDC</u>	
Well depth: <u>185</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mix	
Casing length: <u>175</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.610</u> inches Setting depth: From <u>175</u> feet to <u>185</u> feet	
Type of completion (circle all applicable): <u>(Gravel packed)</u> Underraamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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: Jefferson
 Permit #: _____
 Driller: Wilson Co. - Jeff Co.
 Date completed: 9-19-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-150
 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>WALTER TOWA</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9400 GOODMAN ROAD APT 103</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>OLIVE BRANCH</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>MISSISSIPPI</u> <u>38654</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> T <u>T25</u> R <u>R26W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (501) <u>219-1034</u>	<u>2</u> Miles <u>S</u> of <u>ADAMS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-20-07</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-19-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>PVC Plastic Pipe</u>
Pumping Water Level (B): <u>160</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</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.

Robna Wilson 0-418 Prof. O. Well
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer