

NEW WELL LOG

County: OSOTO
 Permit #: 55
 Driller: Wilson DW 565
 Date drilling completed: 12-22-09

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: F 157
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>RICHARD RUCKER</u>	Latitude: <u>34° 46' 28"</u> Longitude: <u>89° 52' 08"</u>
Mailing Address: <u>745 HIGHWAY 195</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SAMMERSVILLE TN 38068</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 30 Twn T25 Rng R9W</u>
Telephone No. <u>(901) 833-2209</u>	Distance Direction Nearest Town <u>5 Miles South of HARD LAKE</u>

Well / Borehole Data

Date drilling started: 12-22-09 Date drilling completed: 12-22-09 Hole depth: 255' Hole diameter: 4"

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 - 1 GALLON

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: 100 feet above or below (circle one) land surface Date measured: 12-23-09

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

Well depth: 255' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 245 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 245 feet to 255 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: NA feet *If telescoped or more than one screen, describe on next page*

NEW WELL LOG

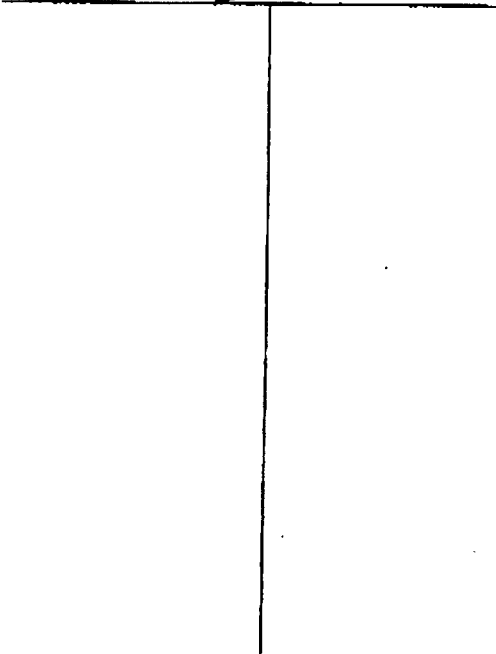
F157

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

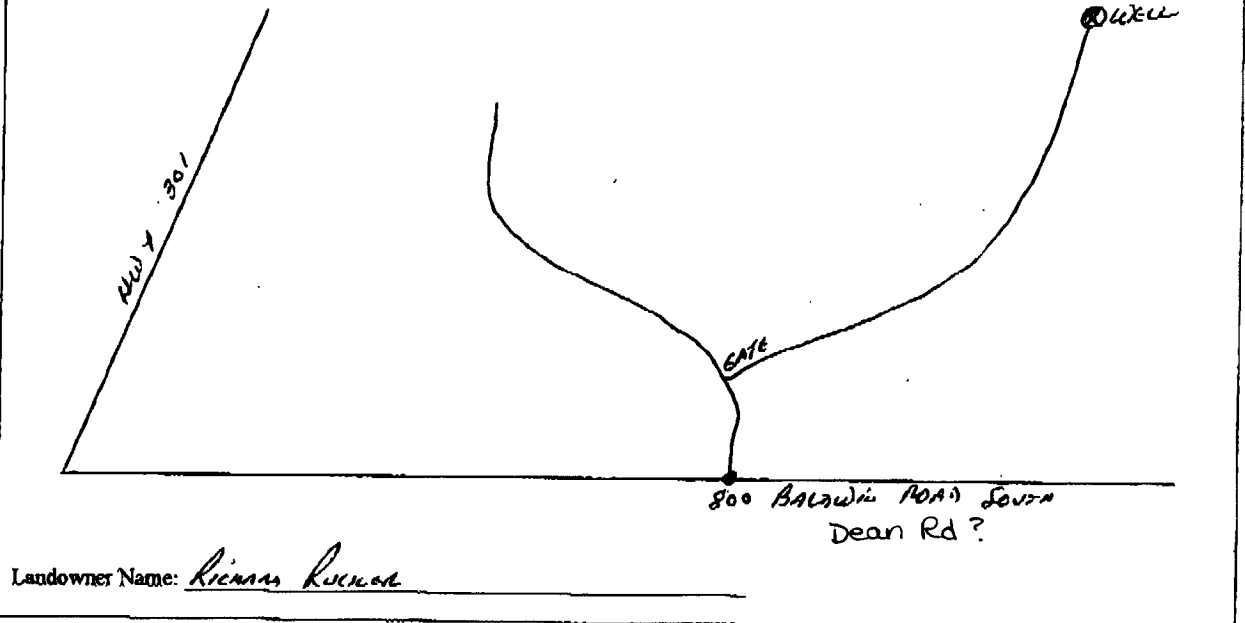
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Red Sand	Ground Level	20
GRAVEL	20	60
CONCRETE BRICK SAND	60	115
ALUMINA BRICK SAND	115	130
GRAY CLAY	130	205
ALUMINA WHITE SAND	205	255

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: Liamm Rucker

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.

ROBERT A. WILSON 0-413 12-28-09

Print Name of Responsible Licensee and License No. Date

R.A. Wilson
Signature of Licensee

NEW WELL LOG

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: 1/65070
Permit #: _____
Driller: Wilson Well - 565
Date completed: 12-23-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: F157
Well #: _____
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>RICHARD RUCKER</u>	Latitude: <u>34.961281</u> Longitude: <u>-87.827086</u>
Mailing Address: <u>745 Highway 195</u>	<u>34-52-40</u> <u>90-05-17</u>
<u>SARGENT</u> <u>TN</u> <u>38068</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>30</u> T <u>25</u> R <u>18W</u>
Telephone No. <u>(901) 833-2209</u>	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>South</u> of <u>Lead Camp</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>12-23-09</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>22-25</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-23-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>ALC 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>100</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.

Richard Rucker 0-418 Richard Rucker
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer