

MAR-29-05 07:53

FROM-LAND & WATER

601-354-8338

T-007

P.01

F-155

County: DeSoto
 Permit #: _____
 Driller: [Signature]
 Date drilling completed: 10/18/06

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)354-8338 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: 6-96
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Ruthor Butler</u> Mailing Address: <u>1823 Woodwood</u> <u>Des Moines MA 38651</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>21</u> Twp <u>25</u> Rng <u>7W</u> Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>E</u> of <u>Des Moines</u>	
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Well / Borehole Data
 Date drilling started: 10/18 Date drilling completed: 10/18 Hole depth: 190 Hole diameter: 4
 Location of the source of any surface water used for drilling: None
 Method of dosing and volume of Chlorine used in drilling and development: None
 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: 132 feet above or below (circle one) land surface Date measured: 10/20/06
 Method of Measurement (circle one) steel tape electric taps air line other: PVC Pipe
 Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 190 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 013 inches Setting depth: From 180 feet to 190 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: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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: DeSoto
 Permit #: _____
 Driller: Frost
 Date completed: 10/20/06
Copy information from blank on Part 1.

For Owner Use Only:
 Aquifer: _____
 Well #: G-96
 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>Ruthen Butler</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1823 Howell Rd</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Madison MS 38651</u>	USGS quad _____	Hand-held GPS _____	Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 21 T.25 R.1W</u>		
Telephone No. () _____	Distance _____	Direction _____	Nearest Town _____
	<u>6</u> Miles	<u>E</u> of	<u>Madison</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>3/4 HP</u>		
Date Pump Installed: <u>10/20/06</u>			Setting Depth: <u>160</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>10/20/06</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>132</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>		
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
Test Pumping Rate: <u>12</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.

Print Name of Pump Installer and License No. (if applicable) _____

Signature: Bernard Frost

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