

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: Desha
 Permit #: _____
 Driller: Good Systems
 Date drilling completed: 7/20/05

For Office Use Only:
 Aquifer: _____
 Well #: H-147
 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)	Well or Borehole Location
Owner Name: <u>Marty Dollar</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4164 Spenburg Circle</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>olive Branch ms</u>	<u>1/4 1/4 Sec 8 Twp 2S Rng 5W</u>
City State Zip Code: _____	Distance Direction Nearest Town
Telephone No. () _____	<u>4 Miles SE of olive Branch</u>

Well / Borehole Data

Date drilling started: 7/20 Date drilling completed: 7/20/05 Hole depth: 130' 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: 1/2 gal chlor (groundwater)

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: 50' feet above or below (circle one) land surface Date measured: 7/22/05

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

Well depth: 130' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120' 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 120' feet to 130' 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: _____ 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: Iness Lufkin
 Date completed: 7/22/05
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: H-147
 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>Marty Dallas</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4164 Longleaf Cove</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Olive Branch ms</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code <u>38654</u>	_____ 1/4 _____ 1/4 Sec <u>8</u> T <u>25</u> R <u>5W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Olive Branch</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>2 HP</u>
Date Pump Installed: <u>7/22/05</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>28</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/22/05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>50'</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>80'</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>28</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 of Pump Installer _____

Form: OLWR-SWR-1B

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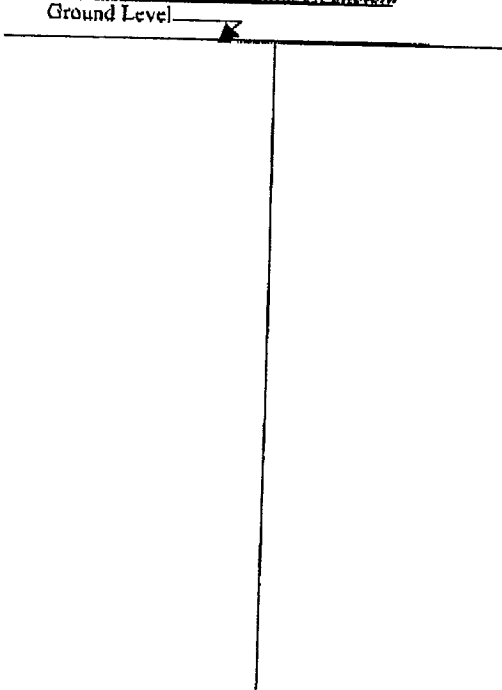
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H-147

The sketch below only required for water wells

If well telescopes, show depths on sketch.

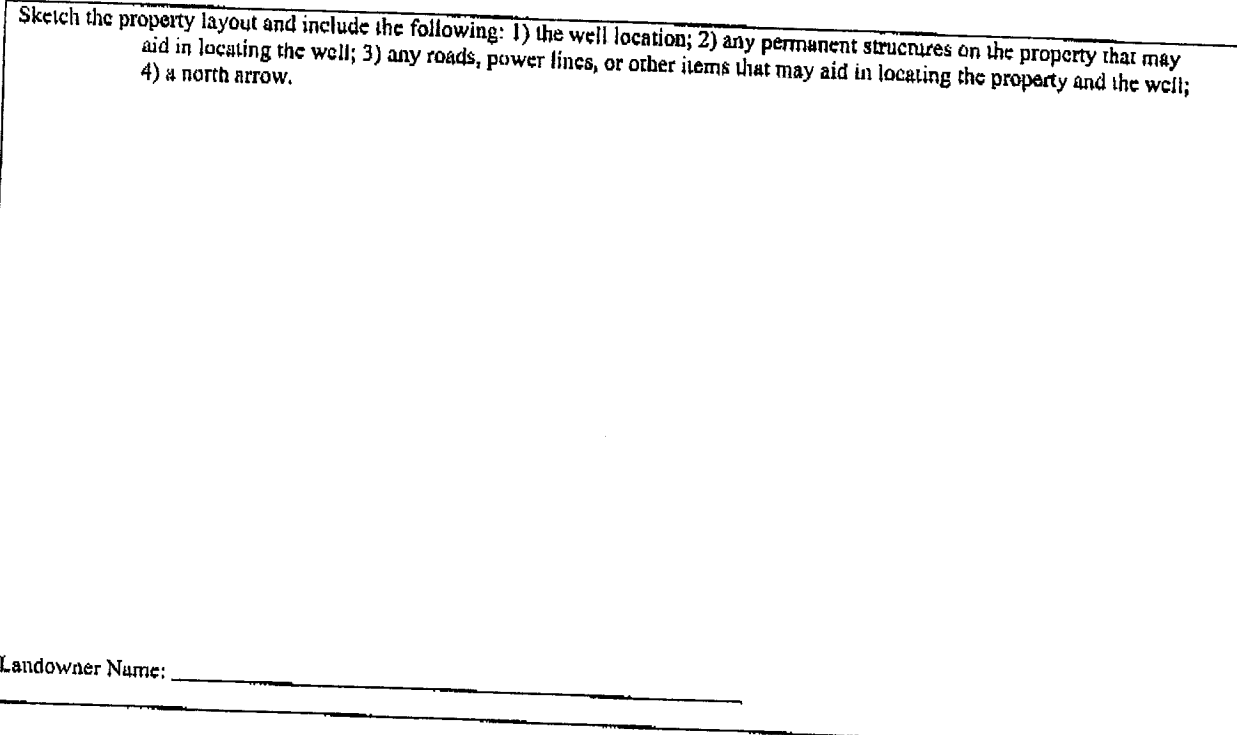


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
clay	0	18
sand	18	30
clay	30	36
sand	36	60
clay	60	62
sand	62	130

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.

Form: OLWR-SWR-1A

Responsible Licensee and License No. Date Signature of Licensee

BERNARD FROST 0-217 8-1-05 *Bernard Frost*

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