

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Miky & Wood  
Date drilling completed: 3-25-10

For Office Use Only:  
Aquifer: D 18  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Eli Young</u>	Latitude: <u>31° 23' 38" N</u> Longitude: <u>88° 27' 47" W</u>
Mailing Address: <u>253 Thornton Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>State Line</u> 39362	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec. <u>23</u> <u>OK</u> Twn <u>T5N</u> Rng <u>R5W</u>
Telephone No. ( )	Distance <u>2 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>State Line</u>

**Well / Borehole Data**

Date drilling started: 3-25-10 Date drilling completed: 3-25-10 Hole depth: 175 Hole diameter: 4 1/2

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 70 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 175 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 165 feet to 175 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 (04/08)

RECEIVED  
APR 21 2010  
BY: OJ

D 18

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) Ground Level	To (depth)
Clay	0	45
Blue Clay	45	90
Silt	90	100
Clay	100	145
Silt	145	150
sand & clay	150	160
Med Sand	160	175

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: Eli Young

Form: OLWR-SWR-1A (04/08)

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.

Michael R Fry / License No. 130408 / Date 3-25-10  
Print Name of Responsible Licensee and License No.      Date

Michael R Fry  
Signature of Licensee

RECEIVED  
MAY 21  
2010

# 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)

For Office Use Only:

Aquifer: D 18  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Mike & Wade  
Date completed: 3-25-10

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>Eli Young</u>	Latitude: <u>31-23-383N</u> Longitude: <u>088-27-780W</u>
Mailing Address: <u>253 Thornton Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Statelin</u> <u>39362</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>T5N</u> Rng <u>R5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>S</u> of <u>Statelin</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-25-10</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>8-12</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>7</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>10</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fry Fogel 0408  
Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogel  
Signature of Pump Installer

RECEIVED  
MAY 11 2010  
OFFICE OF LAND AND WATER RESOURCES