

County: Green
 Permit #: 0205
 Driller: GILBERT CARL
 Date drilling completed: 9-14-12

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 #: D19
 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>PHILLIP TARELL</u>	Latitude: <u>31° 26' 08"</u> Longitude: <u>088° 30' 31"</u>
Mailing Address: <u>1200 WEST STATELINE RD</u>	Method of Lat/Long (circle one): Conventional Survey, <u>06</u>
City: <u>STATELINE</u> State: <u>MS</u> Zip Code: _____	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. () <u>none</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>33</u> Twn <u>6N</u> Rng <u>5W</u>
	Distance: <u>3</u> Miles Direction: <u>WEST</u> of Nearest Town: <u>STATELINE</u>

Well / Borehole Data

Date drilling started: 9-14-12 Date drilling completed: 9-14-12 Hole depth: 73' Hole diameter: 4"

Location of the source of any surface water used for drilling: 108 COPELAND RD. DUCKATOWN

Method of dosing and volume of Chlorine used in drilling and development: 402 HTM PER 1000 GAL WATER

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: 25' feet above or below (circle one) land surface Date measured: 9-14-12

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

Well depth: 73' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 63' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 0.10 inches Setting depth: From 63' feet to 73' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): SAND PACK

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: Green
Wayne
 Permit #: 0.205
 Driller: 0-205 GILBERT CALL
 Date completed: 9/18/12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D19
 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>PHILLIP TERREL</u>	Latitude: <u>31 26.08</u> Longitude: <u>088 30.313</u>
Mailing Address: <u>1200 WEST STATELINE RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T <u>6N</u> R <u>5W</u>
<u>STATELINE MS</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>3</u> Miles <u>E</u> of <u>STATELINE</u>
Telephone No. (____) _____	

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>1.5</u>
Date Pump Installed: <u>9-18-12</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute <u>30</u>	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-18-12</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>25'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>20</u> feet after <u>4.5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.5</u> hours	

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

Gilbert Call
Signature of Pump Installer

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

Form: OLWR-SWR-1B

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