

State Well Report

Part I - 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: Mike J. Wade
Date drilling completed: 5-13-10

For Office Use Only:
Aquifer: T 76
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>Ben Rodcliff</u>	Latitude: <u>31° 03' 46"</u> Longitude: <u>88° 33' 46"</u>
Mailing Address: <u>PO Box 8368</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mobile, AL 36689</u>	<u>NE 1/4 SW 1/4 Sec 11 Twn TIN Rng R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>6</u> Miles <u>5</u> of <u>Leakewill</u>

Well / Borehole Data

Date drilling started: 5-10-10 Date drilling completed: 5-13-10 Hole depth: 285 Hole diameter: 7 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: 90 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 285 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 265 feet Casing diameter: 4 inches Type of casing: PUC 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PUC wrapped

Screen slot size: 10 inches Setting depth: From 265 feet to 285 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)

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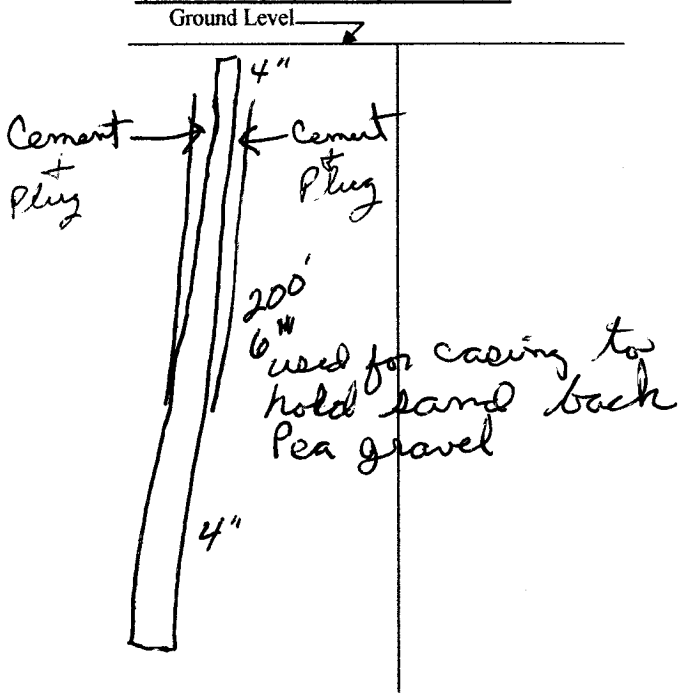
BY: OLWR

T 76

The sketch below only required for water wells

If well telescopes, show depths on sketch.

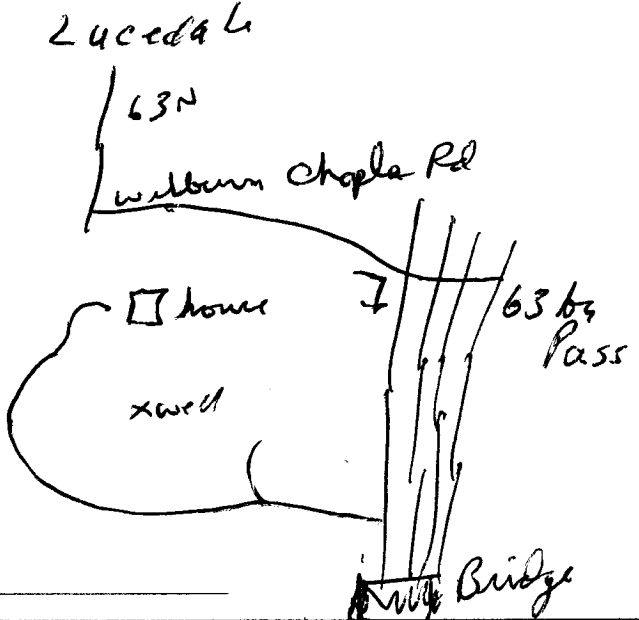
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Clay	0	2
sand	2	22
Clay	22	70
hard clay	70	100
sand	100	122
Clay	122	145
sand coarse	145	166
Clay	166	225
silt	225	235
sand med	235	285

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: Ben Ladcliff

Bridge

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. Puytoy 10408 5-13-18
 Print Name of Responsible Licensee and License No. Date

Michael R. Puytoy
 Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Greene
 Permit #: _____
 Driller: Mike & Wade
 Date completed: 5-17-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: T 76
 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>Ben Radcliff</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 8368</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mobile AL 36689</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>11</u> T <u>T1N</u> R <u>R6W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>S</u> of <u>Seabrook</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>5</u>
Date Pump Installed: <u>5-17-10</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-17-10</u>	<u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>30</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 Freyfojls 0408 Michael R Freyfojls
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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