

### 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 #: M-25  
L. S. Elevation: \_\_\_\_\_  
H-log #: \_\_\_\_\_

County: Holmes  
Permit #: \_\_\_\_\_  
Driller: Raf 1:15 Water Well  
Date drilling completed: May 4-07

**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.**

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Danny Pepper</u> Mailing Address: <u>3962 Sand Hill Rd.</u> <u>Lexington MS 39095</u> City State Zip Code Telephone No. <u>(662) 834-4406</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>15N</u> Rng <u>3E</u> Distance Direction Nearest Town <u>8</u> Miles <u>NE</u> of <u>Lexington MS.</u></p>
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**Well / Borehole Data**

Date drilling started: May 3 Date drilling completed: May 4 Hole depth: 240 Hole diameter: 8 1/4"  
Location of the source of any surface water used for drilling: City of Lexington  
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*

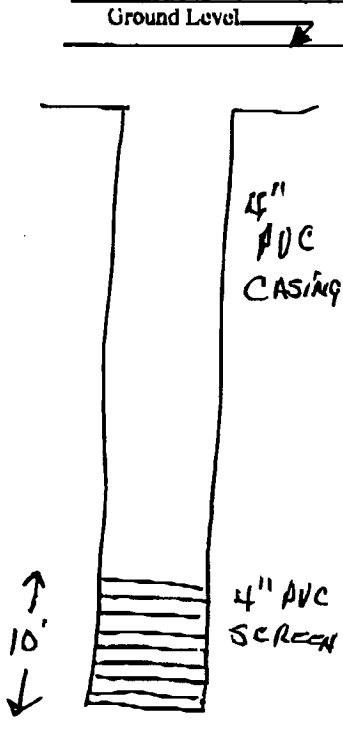
Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 40 feet above or below (circle one) land surface Date measured: May 8  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Near Cement Bentonite Mix  
Casing length: 10 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 120 feet to 120 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*

M-25

The sketch below only required for water wells

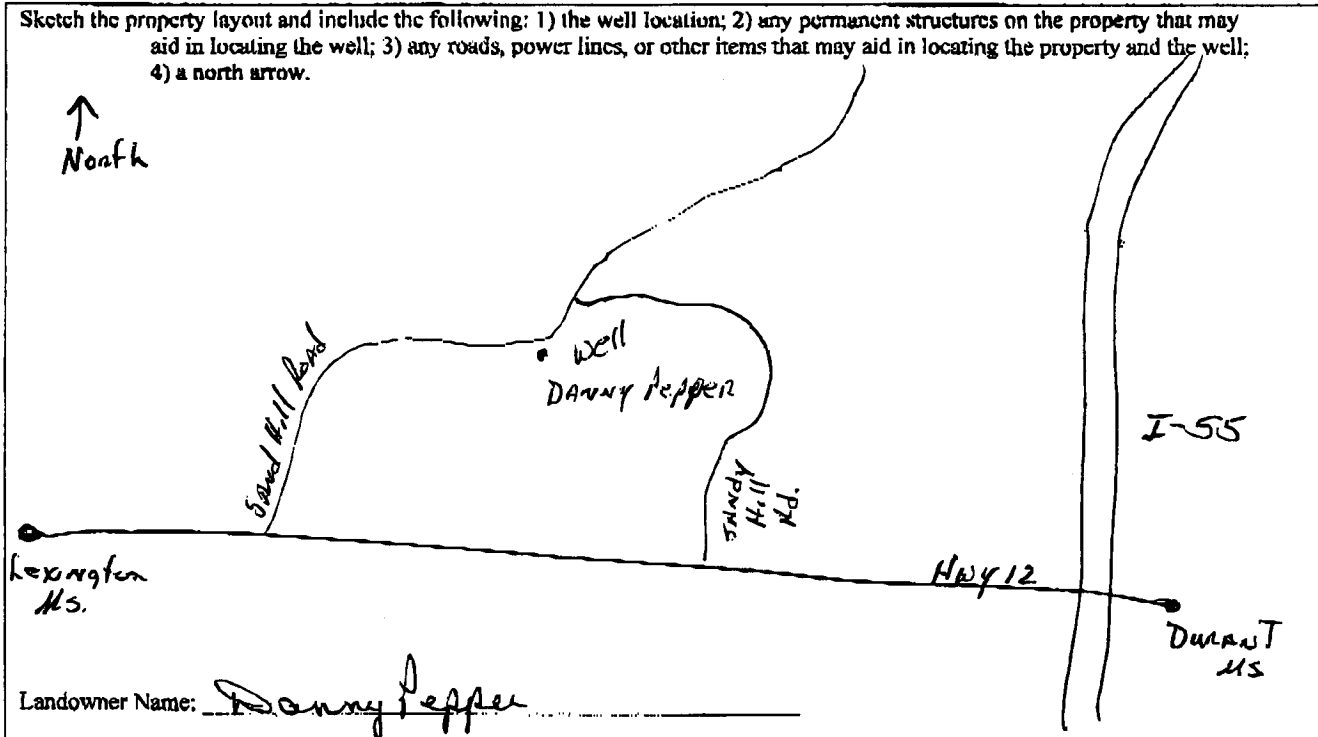
If well telescopes, show depths on sketch.

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	10
SANDY CLAY	10	38
SAND	38	100
CLAY	100	105
SAND	105	120
CLAY	120	200
SANDY CLAY	200	230
CLAY	230	240

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



Form: OLWR-SWR-1A

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.

Robert E. KATLIFF 0-002 May 24-07

Robert E. Katliff (Signature)

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# 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: \_\_\_\_\_  
 Well #: M-25  
 Elevation: \_\_\_\_\_

County: Holmes  
 Permit #: \_\_\_\_\_  
 Driller: Ratliff Waterwell  
 Date completed: MAY 10 - 07  
*Copy information from block on Part 1*

*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>Danny Pepper</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3962 Sand Hill Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lexington MS. 39095</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> T15N R3E
Telephone No. <u>(601) 834-4406</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>NE</u> of <u>Lexington Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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: _____
Date Pump Installed: <u>MAY 10 - 2007</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>MAY 10 - 2007</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>44</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>4</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Robert E. Ratliff 0-002  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer