

State Well Report

Part 1 - Driller's Log

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: Holmes
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 10-30-12

For Office Use Only:
 Aquifer: _____
 Well #: 519
 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>Greg Ragland</u>	Latitude: <u>33° 3' 26.6"</u> Longitude: <u>70° 1' 34.163"</u>
Mailing Address: <u>215 Lakeshore Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Yazoo City</u> MS <u>39194</u>	<u>NW 1/4 SE 1/4 Sec 18 Twn 14N Rng 3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 521-3571</u>	<u>5</u> Miles <u>SE</u> of <u>Longpton</u>

Well / Borehole Data

Date drilling started: 10-28-12 Date drilling completed: 10-30-12 Hole depth: 340' Hole diameter: 4"

Location of the source of any surface water used for drilling: COMMUNITY WATER @ PROPERTY

Method of dosing and volume of Chlorine used in drilling and development: 1 lbs in tender & wash

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MOEQ

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: 160 feet above or below (circle one) land surface Date measured: 10-30-12

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

Well depth: 340 Well grouted to a depth of 10 feet Type of grout (circle one): neat cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 300 feet to 340 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*

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: Holmes
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 11-2-12
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 519
 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>Greg Ragland</u>	Latitude: <u>33°3'36.54"</u> Longitude: <u>-90°1'34.165"</u>
Mailing Address: <u>715 Lakeshore Drive</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Yazoo City</u> <u>MS</u> <u>39194</u>	<u>NW</u> ¼ <u>SE</u> ¼ Sec. <u>18</u> T <u>14N</u> R <u>3E</u>
City State Zip Code	Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>Lanington</u>
Telephone No. (<u>662</u>) <u>571-3571</u>	

Pump Type	Power Type
Circle one Air Lift Jet <u>Submersible</u>	Circle one 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>11/2/12</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>11-2-12</u>	Circle one <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>210</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

David S Thomas 0-147 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer