

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: D53
Aquifer: _____
E-Log #: _____

County: Lee
Permit #: _____
Driller: Wally Wilson
Date drilling completed: 1-18-14

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Tom Tindall</u>	Latitude: <u>N-34° 20.622'</u> Longitude: <u>W-88° 48.392'</u> <small>40</small> <small>22</small>
Mailing Address: <u>309 Co. Rd. 183</u> _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tupelo</u> <u>MS</u> <u>38804</u> City State Zip Code	<u>SW 1/4 NW 1/4, Sec 32 T 8S R 5E</u>
Telephone No. (local) <u>322-1559</u>	<u>2</u> Miles <u>East</u> of <u>Sherman</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 1-10-14 Date drilling completed: 1-18-14 Hole depth: 230' Hole diameter: 7 7/8"

Location of the source of any surface water used for drilling: Pond

Method of dosing and volume of Chlorine used in drilling and development: 2 gallon of Bleach

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

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 100 feet [above or below] land surface Date measured: 1-19-14
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 230' Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 60 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: .10 inches Setting depth: From 200' feet to 230 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

JAN 29 2014

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: D53

Aquifer: _____

County: Lee
Permit #: _____
Driller: Wally Wilson
Date completed: 1-20-14

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>Tom Tindall</u>	Latitude: <u>N-34° 20.67'</u> Longitude: <u>W-088° 48.372'</u>
Mailing Address: <u>309 Co. Rd. 183</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tupelo</u> City <u>MS</u> State <u>38804</u> Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 1-20-14 Rated Pump Capacity: 12 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 3/4 Setting Depth: 160 feet Number of Stages: 10

Pump Test Data for Non Flowing Well
Date Well Tested: 1-20-14 Duration of Pump Test (minimum 4 hours): 24 hours
Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 110 Feet Below Land Surface
Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Wally Wilson UNR-00004589 1-20-14 Wally Wilson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

<input checked="" type="checkbox"/> Drilling	<input checked="" type="checkbox"/> Completion
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drilling started
1-10-14

Completed on 1-20-14
bad weather, Rain, sleet - frozen
rig broke down for 1 ~~week~~
week.
The other papers will follow
with in 10 days -
Curtis Suddeth

From: S & W Water Well Drilling
234 North Main Street
Pontotoc, MS 38863
662-567-2528
662-567-2528

To: MDEQ
Attn: Ronn Killebrew
P.O. Box 2309
Jackson, MS 39225
Phone 601-331-4460
FAX 601-961-5228
Ronn_Killebrew@deq.state.ms.us

MSDH
Attn: Melissa Parker
P.O. Box 1700
Jackson, MS 39215
Phone 601-576-7690
FAX 601-576-7632
mparker@msdh.state.ms.us

This is to provide notice of well drilling or well completion at:

Well Owner TOM Tindall
Address 309 Co. Rd 183
Tupelo, MS, 38804
662-322-1559

Driving directions: Hwy 9 North from Pontotoc, MS -
to Hwy 78; go under 78 Hwy. go straight
cross R.R. then go straight to stop
sign. Then go straight to next stop
sign. Turn Right then to old Hwy 78 - (Lemon St.)
go to Lee Co. sign on Right - Then turn
left at Kirk and old gen. 183 - about 1 mile
Large white 2-story on Right.

GPS Coordinates: (Location 12 - N-34° 20.672'
W-088° 48.372')

Date of drilling or completion: 1-20-14
1-8-14-2014
depends on weather

Curtis Suddeth
662-509-0001

RECEIVED
JAN 29 2014
BY: OLWR