

This log filled out from permit app as Armatillo was out of business & did not send in log

County: See
 Permit #: GW-15804
 Driller: _____
 Date drilling completed: 7/1/02

**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: Eutaw
 Well #: F-32
 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>Mooreville Richard WA</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P O Box 28</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mooreville MS 38857</u>	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>85</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 844-0311</u>	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: 430 Hole diameter: _____

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

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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 430 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 370 feet Casing diameter: 12 inches Type of casing: _____

Screen length: 60 feet Screen diameter: 8 inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

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

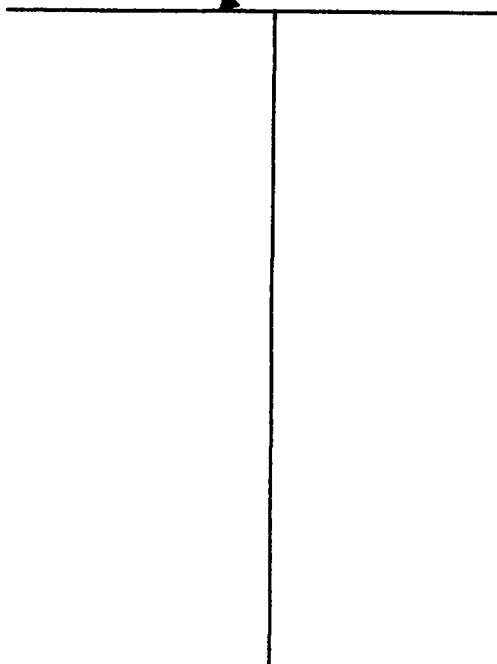
Top of lap pipe or reduction in casing: 20 feet. ***If telescoped or more than one screen, describe on next page***

F-32

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)

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: _____

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.

 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 #: F-32
 Elevation: _____

County: Lee
 Permit #: GW-15804
 Driller: _____
 Date completed: _____

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

Owner Name: Mooreville Richmond WA
 Mailing Address: PO Box 28
Mooreville MS 38857
 City State Zip Code
 Telephone No. (662) 844-0311

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec. 33 T. 8S R. 7E
 Distance Direction Nearest Town
 _____ Miles _____ of _____

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: _____
 Rated Pump Capacity: 250 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: _____
 Setting Depth: _____ feet
 Number of Stages: _____

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): _____ Feet Below Land Surface
 Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of
 _____ feet after _____ hours of pumping

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

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

Signature of Pump Installer

Form: OLWR-SWR-1B