

#1271

County: LeFlore  
 Permit #: GW44610  
 Driller: Clarence McMurry  
 Date drilling completed: 3-21-2011

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (801)981-5210  
 (801)981-5228 (fax)

For Office Use Only:  
 Aquifer: A 157  
 Well #: \_\_\_\_\_  
 I. 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.

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| <p><b>Information on Well Owner</b><br/>         (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Mr. Benton Strain</u><br/>         Mailing Address: <u>10258 County Road 545</u><br/> <u>Minter City MS 38944</u><br/>         City State Zip Code<br/>         Telephone No. <u>(662) 658-4852</u></p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N33° 43' 59.52"</u> Longitude: <u>W90° 22' 49.08"</u><br/>         Method of Lat/Long (circle one): <u>Conventional Survey</u><br/>         USGS quad: <u>Hand-held GPS</u> Survey-grade GPS<br/> <u>NW 1/4 NW 1/4 Sec 35 Twn 22 N Rng 2 W</u><br/>         Distance Direction Nearest Town<br/> <u>5 Miles WSW of Minter City</u></p> |
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**Well / Borehole Data**

Date drilling started: 3-21-11 Date drilling completed: 3-21-11 Hole depth: 130' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch  
 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) N/A

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 3-22-11

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

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 130 feet

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

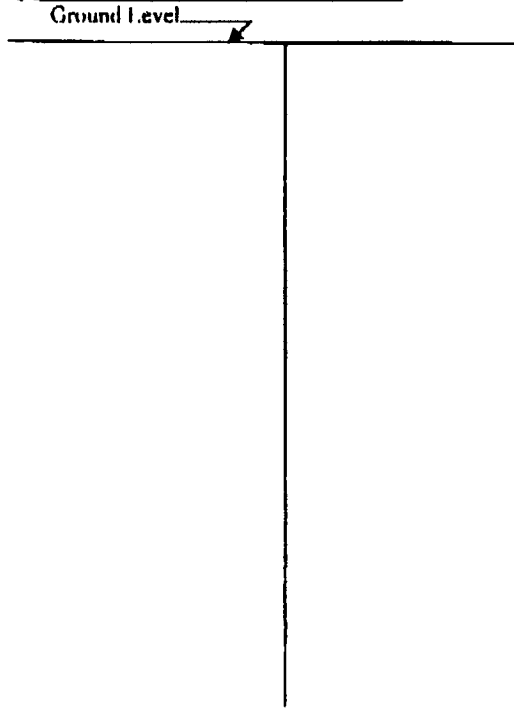
Top of lap pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*

A157

The sketch below only required for water wells

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

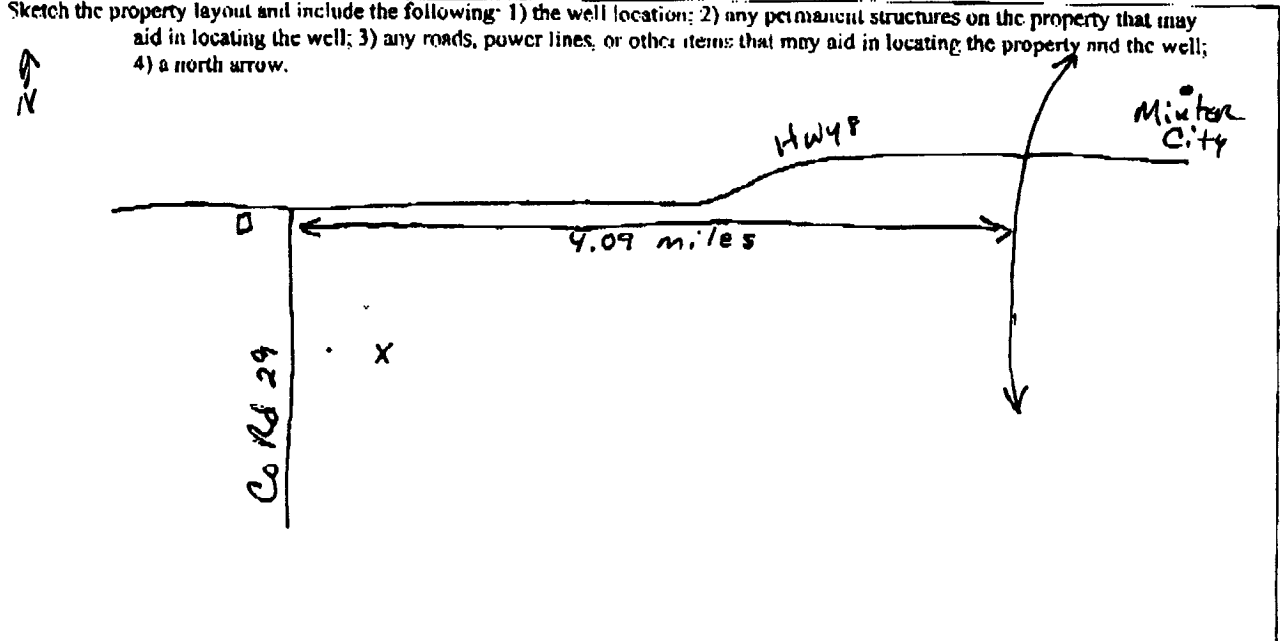
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| CLAY                                  | Ground Level | 27         |
| Clay & Fine Sand                      | 27           | 29         |
| Clay & Medium Sand                    | 29           | 34         |
| Clay & Fine Sand                      | 34           | 38         |
| Medium/Coarse Sand and Pea Gravel     | 38           |            |
|                                       |              | 77         |
| Medium/Coarse Sand & gravel           | 77           | 97         |
| Rock                                  | 97           | 100        |
| Medium/Coarse Sand & gravel           | 100          | 107        |
| Medium/Coarse Sand & gravel           | 107          | 124        |
| Medium Sand                           | 124          | 130        |
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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 Strain

Form: OI-WR-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.

Clayton Miller 0-703 3-28-11     Clayton Miller  
 Print Name of Responsible Licensee and License No.     Date     Signature of Licensee

### STATE WELL REPORT

County: LeFlore  
 Permit #: GW-44610  
 Driller: John Rybolt IV  
 Date completed: 3-22-11  
 Copy information from block on Part 1

**Part 2**  
**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2109  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 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>Mr. Benton Strain</u>          | Latitude: <u>N33° 43' 59.52"</u> Longitude: <u>W90° 22' 49.08"</u> |
| Mailing Address: <u>10258 County Road 545</u> | Method of Lat/Long (check one): Conventional Survey _____          |
| <u>Winter City MS 38944</u>                   | USGS quad _____, Hand-held GPS <u>✓</u> , Survey-grade GPS _____   |
| City State Zip Code                           | _____ 1/4 _____ 1/4 Sec _____ T _____ R _____                      |
| Telephone No. <u>(662) 658-4852</u>           | Distance Direction Nearest Town                                    |
|   | <u>5</u> Miles <u>WSW</u> of <u>Winter City</u>                    |

| Pump Type<br>Circle one                       | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet Submersible                      | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u>                  | Electric Motor Hand Tractor PTO           |
| Centrifugal Rotary Flowing Well               | Windmill Other (specify): _____           |
| Other (specify): _____                        | Horse Power Rating of Motor: <u>60</u>    |
| Date Pump Installed: <u>3-22-11</u>           | Setting Depth: <u>70</u> feet             |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>1</u>                |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>NOT TESTED</u>                         | Air Line <u>Electric Measuring Line</u> Steel Tape                                |
| Static Water Level (A): <u>37</u> Feet Below Land Surface   | Other (specify): _____  |
| Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>N/A</u> feet                          |
| Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface    | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>N/A</u> Gallons Per Minute            |   |
| Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours   |   |

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

Clayton Miller 0-703 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer