

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: Leflore
Permit #: GW-45531 ✓
Driller: Willie Bryant
Date drilling completed: 11-26-11

For Office Use Only:
Aquifer: M 135
Well #: _____
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>Willie Knighten</u>	Latitude: <u>33° 25' 56"</u> Longitude: <u>90° 23' 48"</u>
Mailing Address: <u>P.O. Box 238</u> <u>300 Washington St.</u> <u>moorehead ms 38761</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 15 ✓ Twn 18N Rng 2W</u>
Telephone No. <u>(662) 207-6402</u>	Distance Direction Nearest Town <u>7 Miles East of moorehead</u> <u>County Rd. 303</u>

Well / Borehole Data

Date drilling started: 11-26-11 Date drilling completed: 11-26-11 Hole depth: 102' Hole diameter: 12 3/4"

Location of the source of any surface water used for drilling: Nearby ditch
Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets

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: 22 feet above or (below) (circle one) land surface Date measured: 11-26-11

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Well depth: 102' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 62 feet Casing diameter: 6 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 6 inches Type of screen: PVC slotted

Screen slot size: .032 inches Setting depth: From 62 feet to 102 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: -0- feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

RECEIVED

DEC 20 2011

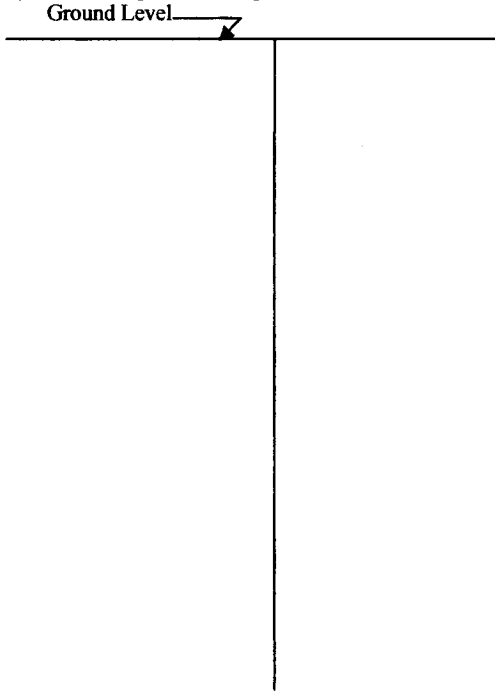
BY: OLWR

M135

The sketch below only required for water wells

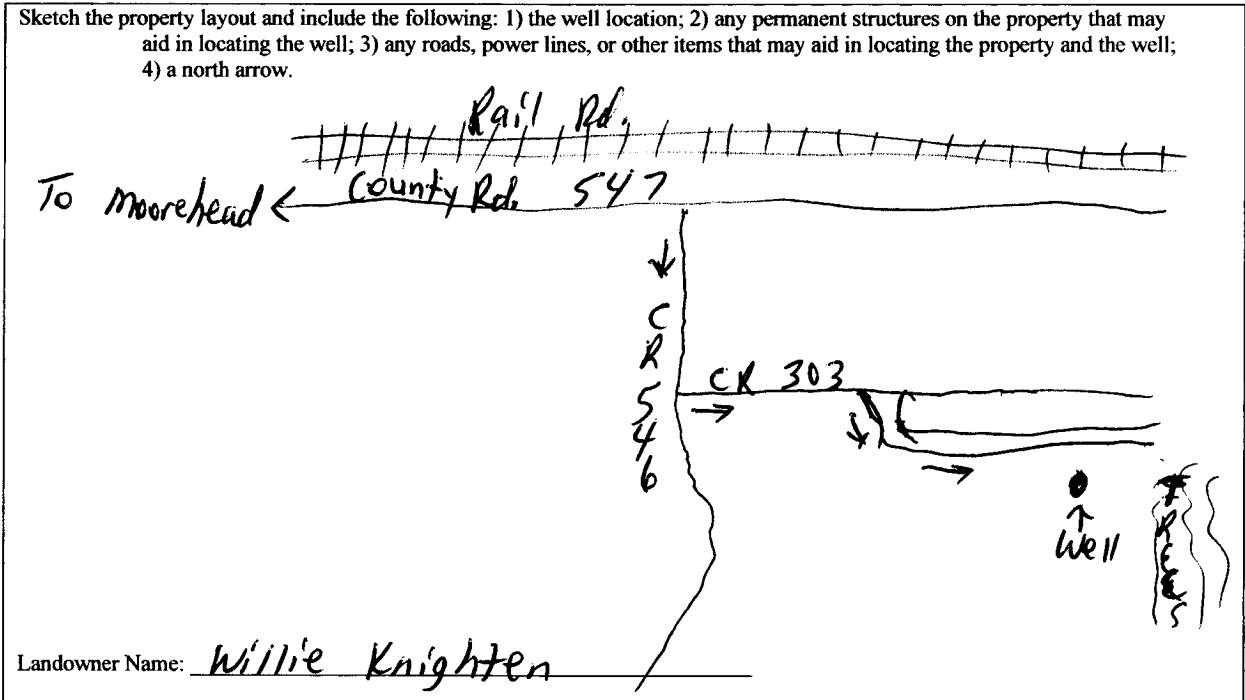
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Clay	20	35
med. sand	35	40
Coarse sand	40	60
gravel	60	80
gravel	80	102

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



Form: OLWR-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.

Willie L. Bryant 0-639 12-7-11
 Print Name of Responsible Licensee and License No. Date

Willie L. Bryant
 Signature of Licensee

RECEIVED

DEC 29 2011

BY: OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: M135

Elevation: _____

County: Leflore
 Permit #: GW-45531
 Driller: Willie Bryant
 Date completed: 11-26-11
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>Willie Knighten</u>	Latitude: <u>33° 25.56</u> Longitude: <u>90° 23.48</u>
Mailing Address: <u>P.O. Box 238</u> <u>300 Washington St</u> <u>Moorehead MS 38761</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____ <u>NW 1/4 NW 1/4 Sec 15 T 18N R 2W</u>
Telephone No. <u>(662) 207-6402</u>	Distance _____ Miles Direction <u>East</u> Nearest Town <u>Moorehead</u> <u>County Rd. 303</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>11-26-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>2</u>

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

Willie L. Bryant 0-639 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-16 OF 19
RECEIVED
 DEC 20 2011
 BY: OLWR