

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: Lincoln
Permit #: _____
Driller: Justin Robinson
Date drilling completed: 5/5/11

For Office Use Only:

Aquifer: _____
Well #: L119
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>Moran McLellan</u>	Latitude: <u>30° 30' 58.9"</u> Longitude: <u>91° 30' 32.2"</u>
Mailing Address: <u>6664 Auburn Drive</u> <u>SW</u> <u>Boguechitto MS 39029</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW ¼ NW ¼ Sec <u>9</u> Twn <u>6N</u> Rng <u>7E</u>
Telephone No. (<u>601</u>) <u>695 1557</u>	Distance: <u>10</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Brookman</u>

Well / Borehole Data

Date drilling started: 5/5/11 Date drilling completed: 5/6/11 Hole depth: 265 Hole diameter: 6" 1/8

Location of the source of any surface water used for drilling: None
Method of dosing and volume of Chlorine used in drilling and development: 10 ppm

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: 12 feet above or below (circle one) land surface Date measured: 3/25/11

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

Well depth: 260 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 sch 40 inches Type of casing: pvc sch 40

Screen length: 20 feet Screen diameter: 4 sch 40 inches Type of screen: pvc sch 40

Screen slot size: 010 inches Setting depth: From 260 feet to 240 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*

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

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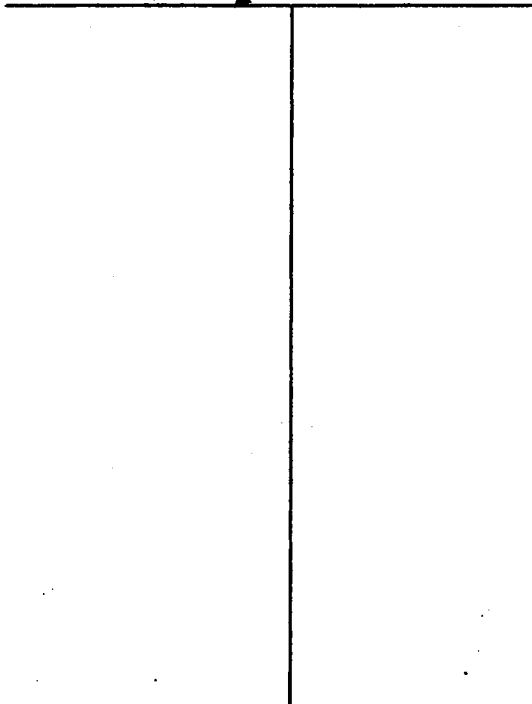
BY OLWR

L119

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

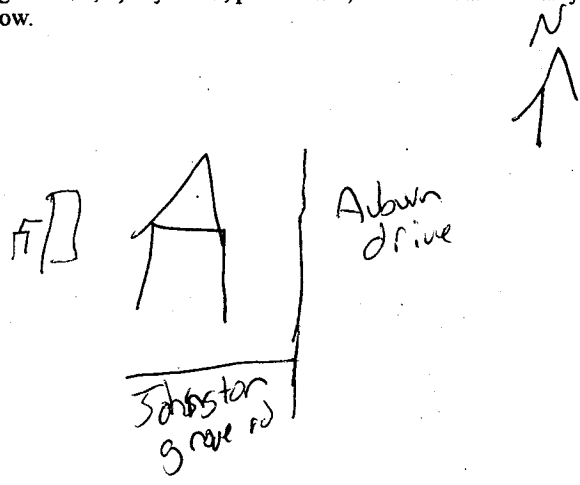


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red clay sand	Ground Level	30
sand with little gravel	30	84
Blue clay and gravel	84	158
fine grey sands	158	260

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: Moran McLelland

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.

Suzanna Robinson 00003085 5/16/11

Print Name of Responsible Licensee and License No. Date

[Signature] RECEIVED

Signature of Licensee

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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: Lincoln
 Permit #: _____
 Driller: Justin Robinson
 Date completed: 5/6/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L119
 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>Moran Mc Clelland</u>	Latitude: <u>N 09° 30' 58"</u> Longitude: <u>W 81° 30' 38"</u>
Mailing Address: <u>664 Auburn Drive SW</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ³⁵ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/> ³³
<u>Bozve chitto ms 39109</u>	<u>NW 1/4 NW 1/4 Sec 9 T 6 N R 7 E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 695 1557</u>	<u>10</u> Miles <u>SW</u> of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input 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>3/4</u>
Date Pump Installed: <u>5/6/11</u>	Setting Depth: <u>156</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/6/11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>92</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>156</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>9</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Justin Robinson 20003085 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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