

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)

County: Lauderdale
Permit #: MS-GL-16502
Driller: Tom Parks Drilling
Date drilling completed: 6-12-08

For Office Use Only:
Aquifer: _____
Well #: P-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>Stanley L. Unruh</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2013 West Minnie Vaughn Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus, MS 39701</u>	<u>NW 1/4 SW 1/4 Sec 22 Twn 17N Rng 18E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>327-4041</u>	<u>14 Miles South of Columbus</u>

Well / Borehole Data

Date drilling started: 5-19-08 Date drilling completed: 6-12-08 Hole depth: 740 Hole diameter: 6"

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

Method of dosing and volume of Chlorine used in drilling and development: 5% Chlorine Solution mix

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: 70 feet above or below (circle one) land surface Date measured: 6-25-08

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

Well depth: 740 Well grouted to a depth of 100 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 660 feet Casing diameter: 6 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 6 inches Type of screen: PVC

Screen slot size: .020 inches Setting depth: From 660 feet to 740 feet

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

Other (describe): _____

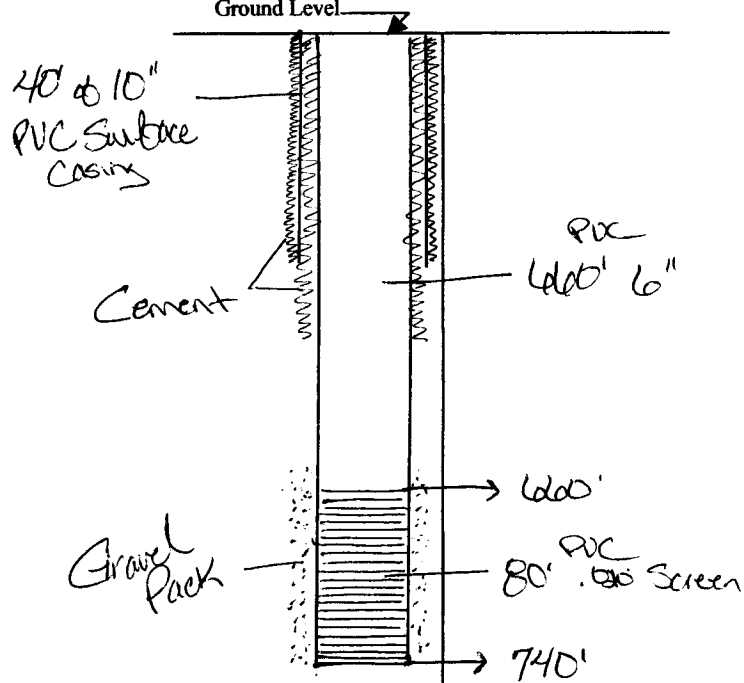
Top of lap pipe or reduction in casing: _____ feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A

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The sketch below only required for water wells

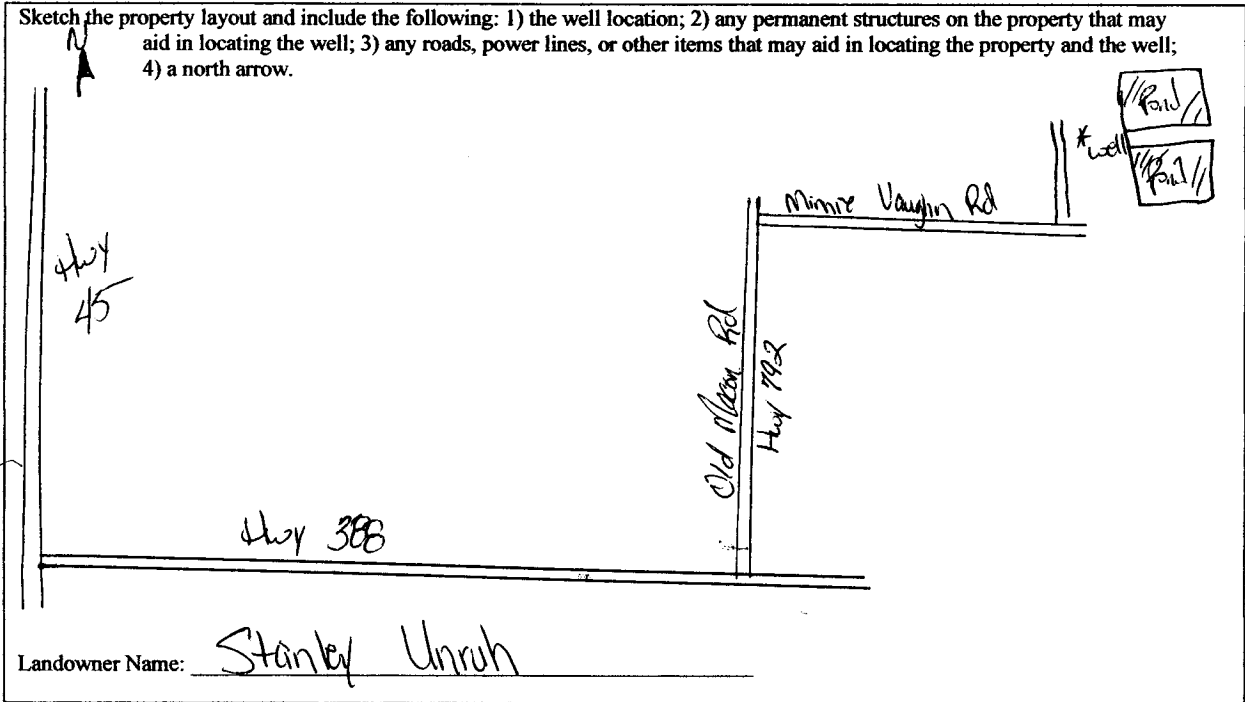
If well telescopes, show depths on sketch.



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)
Clay	Ground Level	50
White Stone / Chalk	50	180
Fine Sand	130	175
Clay	175	230
Shale of Rock / Clay	230	270
Clay	270	480
Clay / Sand / Shale	480	525
Pink Clay / Sand / Shale	525	630
Rock / Gravel	630	638
Coarse Sands	638	745
Clay	745	750

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



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.

Tom Parks 0053 7-10-08 [Signature]
 Print Name of Responsible Licensee and License No. Date 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Lauderdale
 Permit #: MS-GLW-116502
 Driller: T.M. Parks Drilling
 Date completed: 6-12-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-32
 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>Stanley L. Ulrich</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2013 W. Minnie Vaughn Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus MS 39701</u> <small>City State Zip Code</small>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(602) 327-4041</u>	<u>NW 1/4 SW 1/4 Sec 22 T 17N R 18E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>14</u> Miles <u>South</u> of <u>Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20 HP</u>
Date Pump Installed: <u>6-25-08</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-25-08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>100</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>340</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

T.M. Parks 0053 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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