

County: Madison  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 2-15-10

**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)

For Office Use Only:  
 Aquifer: B G C  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>TL Wallace</u>        Mailing Address: <u>800 Hwy 98 bypass</u>  <u>Columbia MS 39429</u>        City State Zip Code        Telephone No. <u>(601) 736-7030</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 22' 58" N</u> Longitude: <u>89° 55' 47" W</u>        Method of Lat/Long (circle one): <u>48</u> Conventional Survey, <u>44</u> USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW 1/4 SE 1/4 Sec 20 Twn 5N Rng 19W</u>        Distance Direction Nearest Town  <u>15</u> Miles <u>N</u> of <u>Columbia</u></p>
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**Well / Borehole Data**

Date drilling started: 2-15-10 Date drilling completed: 2-15-10 Hole depth: 130 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: Water Well  
 Method of dosing and volume of Chlorine used in drilling and development: shake

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: 10 feet above or below (circle one) land surface Date measured: 2-15-10  
 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: 110 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: .008 inches Setting depth: From 110 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

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 BY: OLWR 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: B 66  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 2-15-10

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>TL Wallace</u> Mailing Address: <u>800 Hwy 98 bypass</u> <u>Columbia MS 39429</u> <small>City State Zip Code</small> Telephone No. <u>(601) 736-7030</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>20</u> Twn <u>5N</u> Rng <u>19W</u> Distance Direction Nearest Town <u>15</u> Miles <u>N</u> of <u>Columbia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> <input type="radio"/> <u>Turbine</u> Centrifugal Rotary <input type="radio"/> <input type="radio"/> <u>Flowing Well</u> Other (specify): _____ Date Pump Installed: <u>2-15-10</u> Rated Pump Capacity: <u>27</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>50</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-15-10</u> Static Water Level (A): <u>10</u> Feet Below Land Surface Pumping Water Level (B): <u>50</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface Test Pumping Rate: <u>35</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>35</u> GPM with a drawdown of <u>7</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
JAMES WELLS 0-586  
 Print Name of Pump Installer and License No. (if applicable)

James Wells  
 Signature of Pump Installer

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 MAR 11 2010  
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