

County: Marion  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 3-23-12

**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: \_\_\_\_\_  
 Well #: M86  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Brian Varnado</u>	Latitude: <u>31°4.279'</u> Longitude: <u>089°50.946'</u>
Mailing Address: <u>177 Thompson Creek Ln.</u>	Method of Lat/Long (circle one): <u>31 15 15</u> Conventional Survey, <u>89 40 10</u>
<u>Columbia</u> MS <u>39429</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NW ¼ NW ¼ Sec <u>1</u> ✓ Twn <u>3N</u> ✓ Rng <u>17W</u>
Telephone No. <u>(601) 441-8077</u>	Distance Direction Nearest Town <u>12</u> Miles <u>E</u> of <u>Columbia</u>

**Well / Borehole Data**

Date drilling started: 3-23-12 Date drilling completed: 3-23-12 Hole depth: 240 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: running creek

Method of dosing and volume of Chlorine used in drilling and development: Shock

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: 90 feet above or below (circle one) land surface Date measured: 3-23-12

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

Well depth: 240 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 210 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*

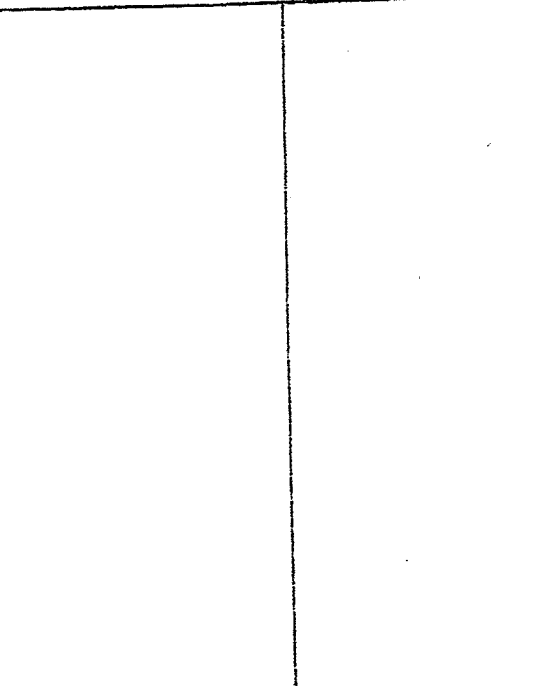
Form: OLWR-SWR-1A (04/08)

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 BY: OLWR

M86

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
topsoil	0	1
clay	1	190
sand	190	240

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) indicate direction.

Landowner Name: Brian Varnado

James Wells  
Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M86  
 Elevation: \_\_\_\_\_

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 3-23-12

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>Brian Varnado</u> Mailing Address: <u>177 Thompson Creek Ln.</u> <u>Columbia MS 39429</u> <small>City State Zip Code</small> Telephone No. <u>(601) 441-8077</u>	Latitude: <u>31° 14.279'</u> Longitude: <u>089° 50.946'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>3N</u> Rng <u>17W</u> Distance Direction Nearest Town <u>12</u> Miles <u>E</u> of <u>Columbia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-23-12</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>150</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-23-12</u> Static Water Level (A): <u>90</u> Feet Below Land Surface Pumping Water Level (B): <u>150</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>97</u> Feet Below Land Surface Test Pumping Rate: <u>25</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>25</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 James Wells  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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