

MAR-23-05 07:53

FROM-LAND & WATER

601-364-6038

T-087

P-01

F-155

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Frost  
 Date drilling completed: 8-27-10

**State Well Report**  
**Part I - 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)

**For Office Use Only:**  
 Aquifer: F 167  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the licensee 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 major well)  
 Owner Name: Mike Clarkson  
 Mailing Address: P.O. Box 758  
Holly Springs MS 38635  
 City State Zip Code  
 Telephone No: 662-252-6330

**Well or Borehole Location**  
 Latitude: 34.56.17 Longitude: 89.31.01  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 NW, SE, SW, NE Sec: 2 Twp: T2S Rng: R3W  
 Distance Direction Nearest Town  
1.0 Miles North of Holly Springs  
West  
Highway 311

**Well / Borehole Data**  
 Date drilling started: 8-27-10 Date drilling completed: 8-27-10 Hole depth: 205 Hole diameter: 4"  
 Location of the source of any surface water used for drilling: None  
 Method of dosing and volume of Chlorine used in drilling and development: by hand  
 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: 60 feet above or below (circle one) land surface Date measured: 8-27-10  
 Method of Measurement (circle one) steel tape electric tape air line other: PVC Pipe  
 Well depth: 205 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Benotone Mix  
 Casing length: 185 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: .013 inches Setting depth: From 185 feet to 205 feet  
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open Hole Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of log pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

Farm - No 911 Address



MAR-23-05 07:53

FROM: LAND & WATER

601-354-6938

T-097 - P.03

F-155

### 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: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Frost  
 Date completed: 8-27-10  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: F167  
 Well #: \_\_\_\_\_  
 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>Mike Clarkson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 758</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Holly Springs, MS, 38035</u> City State Zip Code	1/4 1/4 Sec <u>2 T125 R13W</u>
Telephone No. <u>662 252-4330</u>	Distance Direction Nearest Town <u>6 Miles NW of Holly Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-27-10</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-27-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>100</u> 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	

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

Bernard Frost 0217 Bernard Frost  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer