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

Jackson, MS 39289-063 (601)961-5210 (601)354-6938 (fax)

For Office Use Only:
Aquifer: 5704
Well #:F172_
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 horehole.

Information on Well Owner	pletion of drilling of the well or borehole.				
(Landowner if borehole is not for a water well)	Well or Borehole Location				
Owner Name Doug Brown	Latitude: 34° 119 28" Longitude 89° 28.59"				
Mailing Address: 1636 Wildcat Bettom	Method of Lat/Long (circle one): Conventional Survey,				
Red Banks MS 38661 City State Zip Code	USGS quady Hand-held GPS, Survey-grade GPS NE 4 NE 4 Sec 30 Twn 25 Rng 3 W				
Telephone No. (662) 85/- 7/23	Distance Direction Nearest Town				
Well / Boreh	role Data				
Date drilling started: $\frac{2}{2}$ 23./3 Date drilling completed: $\frac{2}{2}$ 23	-/3Hole denth: /20 Hala # 52.66				
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and develo	Water Well				
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:				
Purpose of borehole (check one): Water Well X Geotechnical/Geolog					
Seismic Survey Other (dans)					
If drilling is not related to water well construction, skip the remainder of this block					
Purpose of Well (check one): Home Industrial Public Supply If a flowing well, method of flow received.	_ Irrigation Fish Culture Other				
Other	or (describ-)				
feet above or below (circle one) land surface Date measured.					
steel tape electric tape	air line other:				
well grouted to a depth of / v feet Type of	grout (circle one) Neat Cement) Done				
in Casing diameter:	iches Type of casing:				
Screen length: / 0 feet Screen diameter: 4 in	iches Type of screen:				
Screen slot size: inches Setting depth: From	1/0 feet to 120 feet				
Type of completion (circle all applicable): Gravel packed Underream	ned Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing:feet. If telescon	ped or more than one screen, describe on next page				

Form: OLWRECEIVED

The sketch below only required for water wells

f well telescopes,	show	depths	on	sketch.
Ground Lavel				

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Suface Sail	O	18
ned Red Sand	18	35
· · · · · · · · · · · · · · · · · · ·		
nel. White Sail	35	70
white clay	70	79
8		1 2 4
Crarse White Sand	79	120
		-
		-
		-

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. **Location of the property and the well; 4 a north arrow.** **Location of the property that may aid in locating the property and the well; 4 a north arrow.** **Location of the property that may aid in locating the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the well; 4 a north arrow.** **Location of the property and the property and the well; 4 a north arrow.** **Location of the property and the pr
Landowner Name: Doug Brown Form: OI WR-SWR-14

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 laws.

Print Name of Responsible Licensee and License No.

Signature of Licensee

STATE WELL REPORT Part 2 County: Marshall For Office Use Only: **Pump Installer's Completion Report** Permit #: 0-162 Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 F172 Well #: Date completed: 2-Jackson, MS 39289-0631 (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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: Doug Method of Lat/Long (check one): Conventional Survey_ USGS quad , Hand-held GPS X, Survey-grade GPS ___¼____¼ Sec_20_T_25R 3W Distance Direction Nearest Town Telephone No. (662 85/- 7123 4 Miles 5 of Mt Pleasant Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible) Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: Date Pump Installed: 2-23-/3Setting Depth: / 6 6 feet Rated Pump Capacity: _____ / 2___ Gallons Per Minute Number of Stages: _____// Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: 2 - 2 3 - / 3 Air Line Electric Measuring Line Steel Tape Static Water Level (A): 63 Feet Below Land Surface Other (specify): ___ Pumping Water Level (B): 70 Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface For flowing well, measured shut in head: _____feet Test Pumping Rate: ______ Gallons Per Minute Well yielded _____ GPM with a drawdown of Duration of Pump Test (minimum 4 hours): 4 hours feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	RECEIVED
Print Name of Pump Installer and License No. (if applicable) Larry Carpenter # 0-162 Frint Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	FEB 2 7 2013

Form: BWR-SWR-1B