

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 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: _____
 Aquifer: K105
 E-Log #: _____

County: Marshall
 Permit #: _____
 Driller: Frost
 Date drilling completed: _____

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>George Zinn</u>	Latitude: <u>34.46'44"N</u> Longitude: <u>89.30'48"W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____ <input checked="" type="checkbox"/> <u>map Quest</u>
<u>Holly Springs, MS 38635</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>33</u> T <u>3S</u> R <u>3W</u>
	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4-15-13 Date drilling completed: 4-15-13 Hole depth: 245' Hole diameter: 4"

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

Method of dosing and volume of Chlorine used in drilling and development: 6 lbs. granulated

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 150 feet (above) or below land surface Date measured: _____
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): nylon cord

Well depth: 245 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 225 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 225 feet to 245 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

RECEIVED

RECEIVED

Form: OLWR-SWR-1A (4/13) 2013

JUN 03 2013

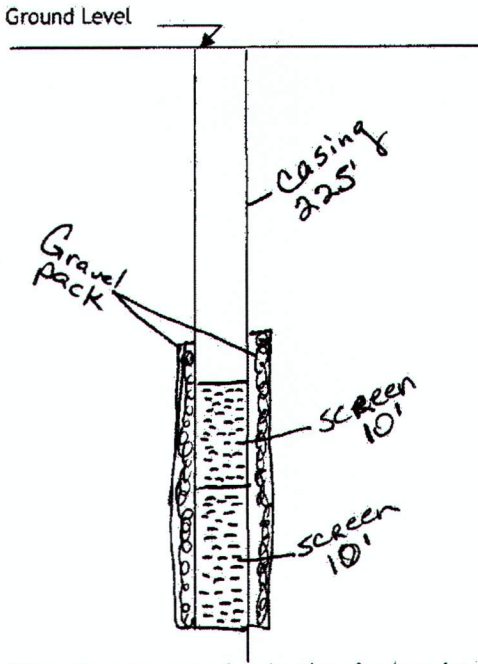
BY: OLWR

BY: OLWR

County: Marshall
 Permit #: _____

For Office Use Only:
 Well #: K105

The sketch below only required for water wells
If well telescopes, show depths on sketch.



If more than one screen, show location of each 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	18
Red Sand	18	90
Clay	90	98
Sand	98	105
Clay	105	145
Sand + Clay	145	185
Sand	185	245

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) north arrow

Landowner Name: _____

I HEREBY 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.

Bernard Frost 0-217 5-6-13 Bernard Frost
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED

JUN 03 2013

BY: OLWR

Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

County: MARSHALL
 Permit #: _____
 Driller: FROST
 Date completed: _____
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210

For Office Use Only:
 Well #: K105
 Aquifer: _____

This part 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>George Zinn</u>		Latitude: <u>34°46'44" N</u>	Longitude: <u>89°30'48" W</u>
Mailing Address: _____		Method of Lat/Long (check one): Conventional Survey _____	
		<input checked="" type="checkbox"/> MapQuest	
<u>Holly Springs, MS 38635</u>		USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
City State Zip Code		<u>NE 1/4 SE 1/4, Sec 33 T 35 R 31W</u>	
Telephone No. (____) _____		____ Miles of _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-30-13 Rated Pump Capacity: _____ Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 5 hp Setting Depth: 180 feet Number of Stages: 13

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: N/A Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Bernard Frost 0-217 5-6-13
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)
RECEIVED
 JUN 03 2013
 BY: OLWR