

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
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L-46
 L. S. Elevation: _____
 E-log #: _____

County: MARSHALL
 Permit #: _____
 Driller: LEWIS WOOD - JORD COX
 Date drilling completed: 7-13-07

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>SUZANNE LANGLEY</u> Mailing Address: <u>SUZANNE LANGLEY</u> <u>P.O. Box 772</u> <u>HELIX SPRING MS 38635</u> City: _____ State: <u>MS</u> Zip Code: <u>38635</u> Telephone No.: <u>(662) 252-1155</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>T35</u> Rng <u>R2W</u> Distance: <u>2</u> Miles Direction: <u>E</u> Nearest Town: <u>HELIX SPRING</u>
Well / Borehole Data	
Date drilling started: <u>7-13-07</u> Date drilling completed: <u>7-13-07</u> Hole depth: <u>180'</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>Local Spring</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 ppm DIRECT</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>100</u> feet above or below (circle one) land surface Date measured: <u>7-13-07</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>PVC PIPE</u> Well depth: <u>180'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>180</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PLASTIC PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PLASTIC PVC</u> Screen slot size: <u>.010</u> inches Setting depth: From <u>170</u> feet to <u>180</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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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)

County: Marshall
 Permit #: _____
 Driller: Wilson Deal - Texas Lax
 Date completed: 7-13-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-46
 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>SUZANNE CONLEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SUZANNE CONLEY</u> <u>P.O. Box 772</u> <u>Howland MS 38675</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>1 T T 3 S R 2 2 W</u>
Telephone No. <u>(662) 252-1155</u>	Distance Direction Nearest Town <u>2 Miles E of Howland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-13-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-13-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>see permit file</u>
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>14</u> 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.

Rebecca A. Williams 0-418
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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