

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 #: G-109
L. S. Elevation: L57
E-log #: _____

County: MARSHALL
Permit #: _____
Driller: WILSON WELL - JOHN CAR
Date drilling completed: 7-12-07

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>FARA HOWARD</u>	Latitude: <u>34° 50' 04"</u> Longitude: <u>81° 21' 23"</u>
Mailing Address: <u>FARA HOWARD</u> <u>900 KOSSON ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HOWARD</u> City <u>MS</u> State <u>38635</u> Zip Code	NE 1/4 SE 1/4 Sec <u>36</u> Twn <u>12S</u> Rng <u>R2W</u>
Telephone No. <u>(662) 252-2215</u>	Distance <u>3</u> Miles Direction <u>EAST</u> Nearest Town <u>HOWARD MS</u>
Well / Borehole Data	
Date drilling started: <u>7/12/07</u> Date drilling completed: <u>7/12/07</u> Hole depth: <u>180'</u> Hole diameter: <u>4"</u>	
Location of the source of any surface water used for drilling: <u>PUBLIC SUPPLY</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>50 ppm. 1 liter</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>120</u> feet above or below (circle one) land surface Date measured: <u>7-12-07</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>NA</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form OLWR-SWR-1A
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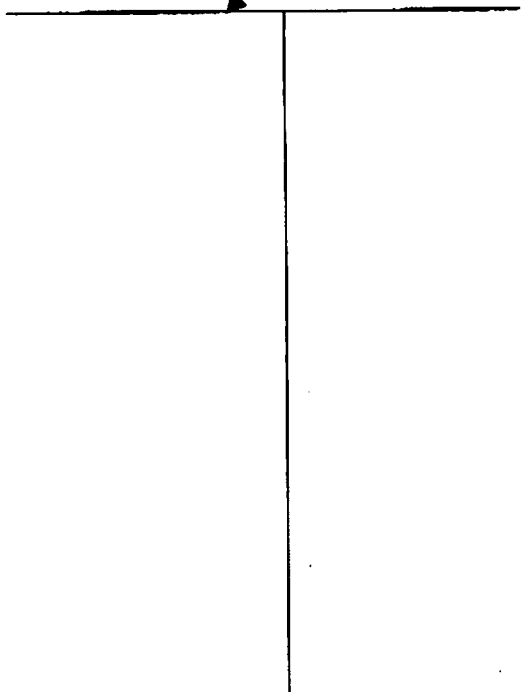
6-109 L57

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

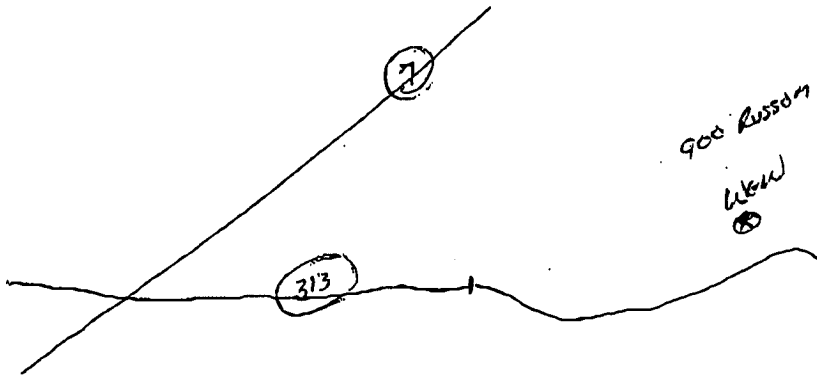
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Red CLAY	Ground Level	20
Red SAND	10	20
Red SAND	20	40
WHITE SAND	40	60
WHITE SAND	60	80
WHITE SAND	80	100
SAND	100	120
SAND	120	140
SAND	140	160
SAND	160	180

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.



Landowner Name: Fred Howard

Form: OLWR-SWR-1A

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, and state laws.

Robyn A. Wilson 0-418 7-16-07
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

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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 Wells - Todd Cox
 Date completed: 7/12/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: L57
 Well #: G-109
 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>Fran Robbins</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>900 Russon Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Healy Springs Ms 38625</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 36 T 28S R 22W</u>
Telephone No. <u>(662) 252-2215</u>	Distance Direction Nearest Town
	<u>3 Miles E of Healy Springs</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 HP</u>
Date Pump Installed: <u>7-12-07</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: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>PVC Plastic Pipe</u>
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>14</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Rodney A. Wilson 418
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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JUL 23 2007
 Form: OLWR-SWR-1B

BY: OLWR