

MAR-23-05 07:53

FROM: LAND & WATER

601-954-8030

T-087

P-01

F-155

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Frost  
 Date drilling completed: 10/19/06

**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 #: 1780  
 L. S. Elevation: MSR  
 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 borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i>          Owner Name: <u>Andy Giles</u>          Mailing Address: <u>627 Wall Hill Rd</u>  <u>Byhalia, MS 38611</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b>          Latitude: <u>34° 42' 45"</u> Longitude: <u>81° 41' 31"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE 1/4 NE 1/4 Sec 30 Twp 4S Rng 4W</u>          Distance <u>10</u> Miles <u>5</u> Direction of <u>Byhalia</u>          Nearest Town <u>Stv</u></p>
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**Well / Borehole Data**

Date drilling started: 10/19 Date drilling completed: 10/19 Hole depth: 130' 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: none

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: 45 feet above or below (circle one) land surface Date measured: 10/20/06  
 Method of Measurement (circle one) steel tape electric tape air line other: PVC pipe

Well depth: 130 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Heatonite Mix  
 Casing length: 120 feet Casing diameter: 4" inches Type of casing: PVC  
 Screen length: 10' feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: 013 inches Setting depth: From 120' feet to 130' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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)

#### For Office Use Only:

Acquifer: M92  
 Well #: 17-30  
 Elevation: \_\_\_\_\_

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Frank  
 Date completed: 10/20/06  
 Copy information from blank 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 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>Andy Siler</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>627 Wood Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Byhalia</u> <u>MS</u> <u>38611</u>	<u>1/4</u> <u>1/4</u> Sec. <u>30</u> T. <u>45</u> R. <u>4W</u>
City State Zip Code	Distance Direction <u>.26</u> Nearest Town <u>Byhalia</u>
Telephone No. ( ) _____	<u>10</u> Miles <u>5</u> of <u>Byhalia</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>10/20/06</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/20/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>80</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: <u>12</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.

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

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