

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 #: A-58
L. S. Elevation: 1112
E-log #: _____

County: MASSAWUBA
Permit #: _____
Driller: William Lee - Tom Cox
Date drilling completed: 7-5-07

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>GREG STRAWN</u>	Latitude: <u>34° 42' 20"</u> Longitude: <u>87° 39' 54"</u>
Mailing Address: <u>GREG STRAWN</u> <u>5154 SMITH CROFT ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Howland MS 38635</u> City State Zip Code	<u>NE 1/4 Sec 31 Twn 135 Rng R3W</u> <u>26 45 1W</u>
Telephone No. <u>(801) 553-7255</u>	Distance <u>5</u> Miles Direction <u>S</u> of Nearest Town <u>Howland / LAKE PARK</u>
Well / Borehole Data	
Date drilling started: <u>7-5-07</u> Date drilling completed: <u>7-5-07</u> Hole depth: <u>240'</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 - 1/1000</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>7-5-07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>PVC Pipe</u>	
Well depth: <u>240</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length: <u>240</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>230</u> feet to <u>240</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>	

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BY: OLWR

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: MAHAN
 Permit #: _____
 Driller: Wilson Well - Tom Cas
 Date completed: 7-5-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: N112
 Well #: 15-88
 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>GREG STRAWN</u> Mailing Address: <u>GREG STRAWN</u> <u>5154 Smith Court Road</u> <u>North Sardis MS 38635</u> City State Zip Code Telephone No. <u>(901) 553-7255</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>51 T 155 R 23W</u> Distance Direction Nearest Town <u>5</u> Miles <u>5</u> of <u>Highway 78 / Rd 9 Sardis</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>7-5-07</u> Rated Pump Capacity: <u>22</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>160</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-5-07</u> Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): <u>160</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface Test Pumping Rate: <u>22</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>Pvc Permi Pipe</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Rocky D. White 0-488 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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