

MAR-23-05 07:53

FROD&LAND & WATER

601-354-6938

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F-155

Co. Marshall  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date drilling completed: 9/11/06

**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 #: T-31  
 L.S. Elevation: \_\_\_\_\_  
 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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Shannon Harrison</u> Mailing Address: <u>208 Beaver Dam</u> <u>Waterford, MS 38685</u> City State Zip Code Telephone No. ( ) _____	Latitude: <u>34.38.08</u> Longitude: <u>89.24.31</u> Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>SE 4 NE 1/4 Sec 21</u> <u>21</u> <u>55</u> <u>2 W</u> Distance _____ Miles Direction _____ of Nearest Town _____		

**Well / Borehole Data**  
 Date drilling started: 9/8/06 Date drilling completed: 9/11/06 Hole depth: 305 Hole diameter: 4"  
 Location of the source of any surface water used for drilling: None  
 Method of casing 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 logs: \_\_\_\_\_  
 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: 115 feet above or below (circle one) land surface Date measured: 9/19/06  
 Method of measurement (circle one) steel tape electric tape air line other: PVC pipe  
 Well depth: 305 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix  
 Casing length: 285 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 285 feet to 305 feet  
 Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of tap 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)981-5210  
 (601)354-6938 (fax)

County: \_\_\_\_\_  
 Permit No.: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: T-31  
 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>Thomas Garrison</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>208 Beaver Dam Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waterford, MS 38685</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>21 T 55 R 2W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	House Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>9/15/06</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/15/06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>12</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.

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

Form: OLWR-SWR-1B

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