

County: Marshall  
 Permit #: \_\_\_\_\_  
 Driller: Ronnie Medlin  
 Date drilling completed: 8-9-07

**State Well Report**  
**Part I - 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 #: Y-34  
 L.S. Elevation: \_\_\_\_\_  
 B-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.

Information on Well Owner  
 (Landowner if borehole is not for a water well)  
 Owner Name: Johnny Hale  
 Mailing Address: 361 Britts Rd.  
Potts Camp MS 38659  
 City State Zip Code  
 Telephone No: 662 292 1664

Well or Borehole Location  
 Latitude: NA Longitude: NA  
 Method of Lat/Long (circle one): 34 34 07 Conventional Survey, 8416 11  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 SE 1/4 Sec 11 Twn 6 S Rng 1 W  
 Distance Direction Nearest Town  
3 Miles NW of Cornersville  
ms.

Well / Borehole Data  
 Date drilling started: 7-25-07 Date drilling completed: 8-9-07 Hole depth: 740 Hole diameter: 4  
 Location of the source of any surface water used for drilling: FIRE Hydrant  
 Method of dosing and volume of Chlorine used in drilling and development: 6 gal Chlorox  
 Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 (Attach copy of log to this report)

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: 140 feet above or below (circle one) land surface Date measured: 8-8-07  
 Method of Measurement (circle one)  steel tape  electric tape  air line other: Nylon cord & Weight

Well depth: 740 Well grouted to a depth of 22 feet Type of grout (circle one): Near Cement  Bentonite  Mix  
 Casing length: 420 feet Casing diameter: 4 inches Type of casing: Sch 40 PVC

Screen length: 80 feet Screen diameter: 2 inches Type of screen: Sch 40 PVC  
 Screen slot size: 013 inches Setting depth: From 660 feet to 740 feet

Type of completion (circle all applicable): Gravel packed  Underreamed   Telescoped  Open hole  Natural Development  
 Other (describe): 2" sch 40

Top of lap pipe or reduction in casing: 40 feet. If telescoped or more than one screen, describe on next page

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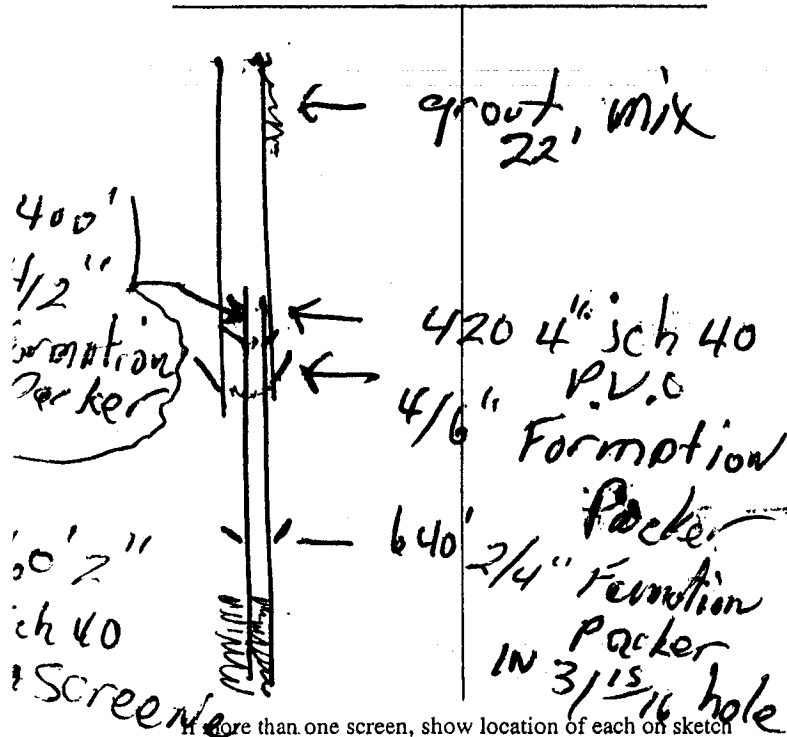
If well telescopes please sketch below and show depths.

Y-34

Ground Level

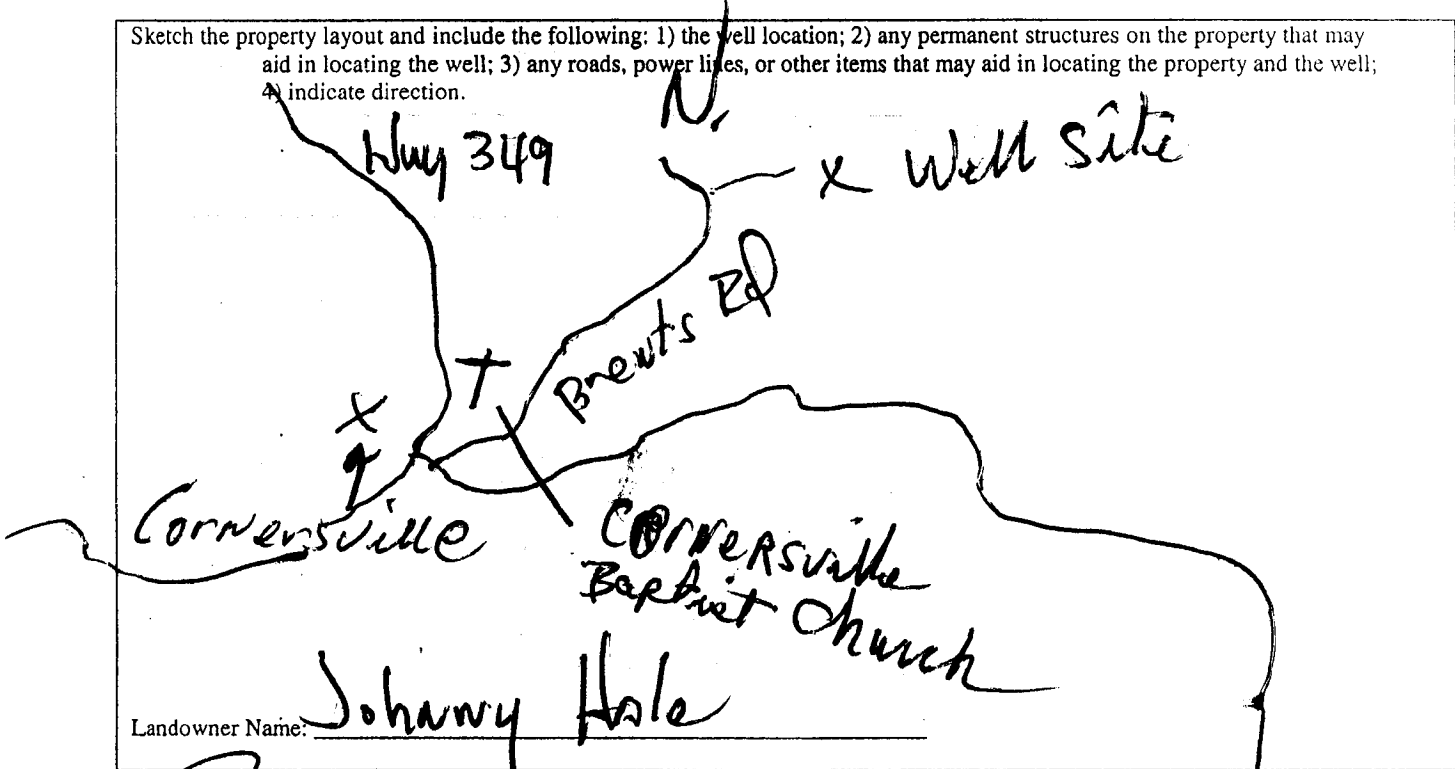
Description of Formations Encountered

From To

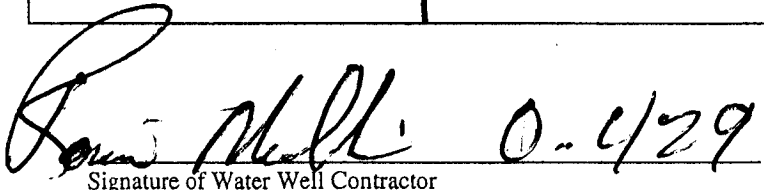


Description of Formations Encountered	From	To
top soil, Red Clay		
Sand rock	0	140
White clay mix		
iron water sand		
rock mix,	140	260
Blue clay, rock		
mix	260	500
shell rock	500	620
Rock		
Shell, aquifer	620	240

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) indicate direction.



Landowner Name: Johanny Hale

  
 Signature of Water Well Contractor

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 TO  
 HISTORY PLAT

# 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:

Aquifer: \_\_\_\_\_

Well #: Y-34

Elevation: \_\_\_\_\_

County: MARSHALL  
 Permit #: \_\_\_\_\_  
 Driller: Ronnie McEllin  
 Date completed: 8-9-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Johnny Hale</u>                  Mailing Address: <u>361 Brents Rd</u>  <u>Potts Camp MS 38659</u>                  City State Zip Code  <u>662 292 1664</u>                  Telephone No. ( ) <u>292 1664</u></p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>NA</u> Longitude: <u>NA</u>                  Method of Lat/Long (circle one): Conventional Survey,                  USGS quad, Hand-held GPS, Survey-grade GPS                  _____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>6 S</u> Rng <u>1 W</u>                  Distance Direction Nearest Town  <u>3</u> Miles <u>N W</u> of <u>Conversville MS</u></p>
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<p style="text-align: center;"><b>Pump Type</b> Circle one</p> <p>Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <b>Submersible</b>                  Bucket Piston Turbine                  Centrifugal Rotary Flowing Well                  Other (specify): _____                  Date Pump Installed: <u>8-7-07</u>                  Rated Pump Capacity: <u>12</u> Gallons Per Minute</p>	<p style="text-align: center;"><b>Power Type</b> Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas  <input checked="" type="radio"/> <b>Electric Motor</b> Hand Tractor PTO                  Windmill Other (specify): _____                  Horse Power Rating of Motor: <u>1</u>                  Setting Depth: <u>200</u> feet                  Number of Stages: <u>10</u></p>
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<p style="text-align: center;"><b>Pump Test Data</b></p> <p>Date Well Tested: <u>8-8-07</u>                  Static Water Level (A): <u>160</u> Feet <input checked="" type="radio"/> Below Land Surface                  Pumping Water Level (B): <u>165</u> Feet <input checked="" type="radio"/> Below Land Surface                  Drawdown [(B) - (A)]: <u>5</u> Feet <input checked="" type="radio"/> Below Land Surface                  Test Pumping Rate: <u>12</u> Gallons Per Minute                  Duration of Pump Test (minimum 4 hours): <u>6</u> hours</p>	<p style="text-align: center;"><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line Electric Measuring Line <input checked="" type="radio"/> <b>Steel Tape</b>                  Other (specify): <u>Nylon Cord &amp; weight</u>                  For flowing well, measured shut in head: _____ feet                  Well yielded <u>14</u> GPM with a drawdown of  <u>5</u> feet after <u>6</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Ronnie McEllin 0429 Print Name of Pump Installer and License No. (if applicable)      Ronnie McEllin Signature of Pump Installer