

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: _____
Aquifer: C120
E-Log #: _____

County: Monroe
Permit #: _____
Driller: Thomas Rossi #0509
Date drilling completed: 02-04-2013

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.

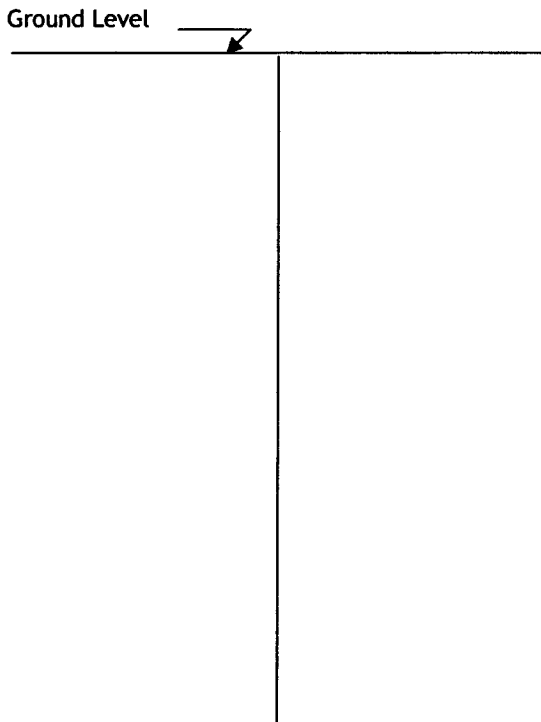
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Martha Dalrymple</u>	Latitude: <u>33° 59' 6.7416"</u> Longitude: <u>-88° 31' 37.6"</u>
Mailing Address: <u>P.O. Box 210</u>	Method of Lat/Long (check one): Conventional Survey <u>XXX</u> , USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Amory MS 38821	<u>S</u> 1/4 <u>W</u> 1/4, Sec <u>27</u> T <u>13-SE</u> R <u>7E</u>
City State Zip Code	<u>IR</u> <u>IR</u> <u>125</u> <u>17W</u>
Telephone No. (662) <u>256-3558</u>	<u>3</u> Miles <u>West</u> of <u>Amory, Ms</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>01-29-2013</u> Date drilling completed: <u>2-04-2013</u> Hole depth: <u>224</u> Hole diameter: <u>4</u> inches	
Location of the source of any surface water used for drilling: <u>Community Water System</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
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 (circle one): (<u>Water Well</u>) 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 (circle all applicable): (<u>Home</u>) Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>150</u> feet [above or (<u>below</u>)] land surface Date measured: _____ (circle one)	
Method of measurement (circle one): (<u>Steel tape</u>) Electric tape Air line Other (describe): _____	
Well depth: <u>224</u> Well grouted to a depth of: _____ feet Type of grout (circle one): (<u>Neat Cement</u>) Bentonite Mix	
Casing length: <u>204</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>010</u> inches Setting depth: From <u>204</u> feet to <u>224</u> feet	
Type of completion (circle all applicable): (<u>Gravel packed</u>) Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

County: Monroe
 Permit #: _____

For Office Use Only:
 Well #: 0120

The sketch below only required for water wells
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Clay	0	15
Sand and Gravel	15	20
Clay	20	40
Clay	40	60
Rock	60	63
Blue Rock	63	80
Blue Rock	80	100
Blue Rock	100	120
Blue Rock	120	140
Blue Rock	140	157
Rock	157	159
Sand	159	160
Sand and Clay Strips	160	180
Sand	180	200
Sand	200	220
Sand	220	224
Rock	224	

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) north arrow

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 BY: OLWR

Martha Dalrymple

Landowner Name: _____

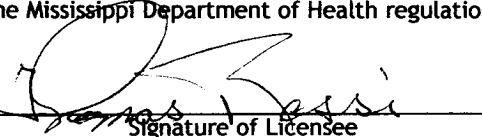
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Thomas Rossi #0509

05-13-2013

Print Name of Responsible Licensee and License No.

Date


 Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: Monroe
Permit #: _____
Driller: Thomas Rossi #0509
Date completed: 02-04-2013
Copy information from block on Part 1

For Office Use Only:
Well #: 0120
Aquifer: _____

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>Martha Dalrymple</u>			Latitude: <u>33° 59' 6.7416"</u> Longitude: <u>-88° 31' 37.6"</u>	
Mailing Address: <u>P.O. Box 210</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Amory</u>	<u>MS</u>	<u>38821</u>	<u>S</u> $\frac{1}{4}$ <u>W</u> $\frac{1}{4}$, Sec <u>27</u> T <u>10 S</u> R <u>7 E</u>	
City	State	Zip Code	<u>3</u> Miles <u>West</u> of <u>Amory, MS</u> (Distance) (Direction) (Nearest Town)	
Telephone No. <u>(662) 256-3558</u>				

Pump Type (circle one)
(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 02-04-2013 Rated Pump Capacity: 12 Gallons Per Minute
Is This Pump (circle one): (New) Repaired Replacement

Power Type (circle one)
(Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: one Setting Depth: 200 feet Number of Stages: 18

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 150 Feet Below Land Surface Pumping Water Level (B): 200 Feet Below Land Surface
Drawdown [(B) - (A)]: 160 Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute
Method of measurement (circle one): (Steel tape) Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____ **RECEIVED**
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____ **MAY 20 2013**
Is This Meter (circle one): New Repaired Replacement **BY: [Signature]**
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Thomas Rossi #0509 05-13-2013 **[Signature]**
Print Name of Pump Installer and License No. (if applicable) / Date Signature of Pump Installer


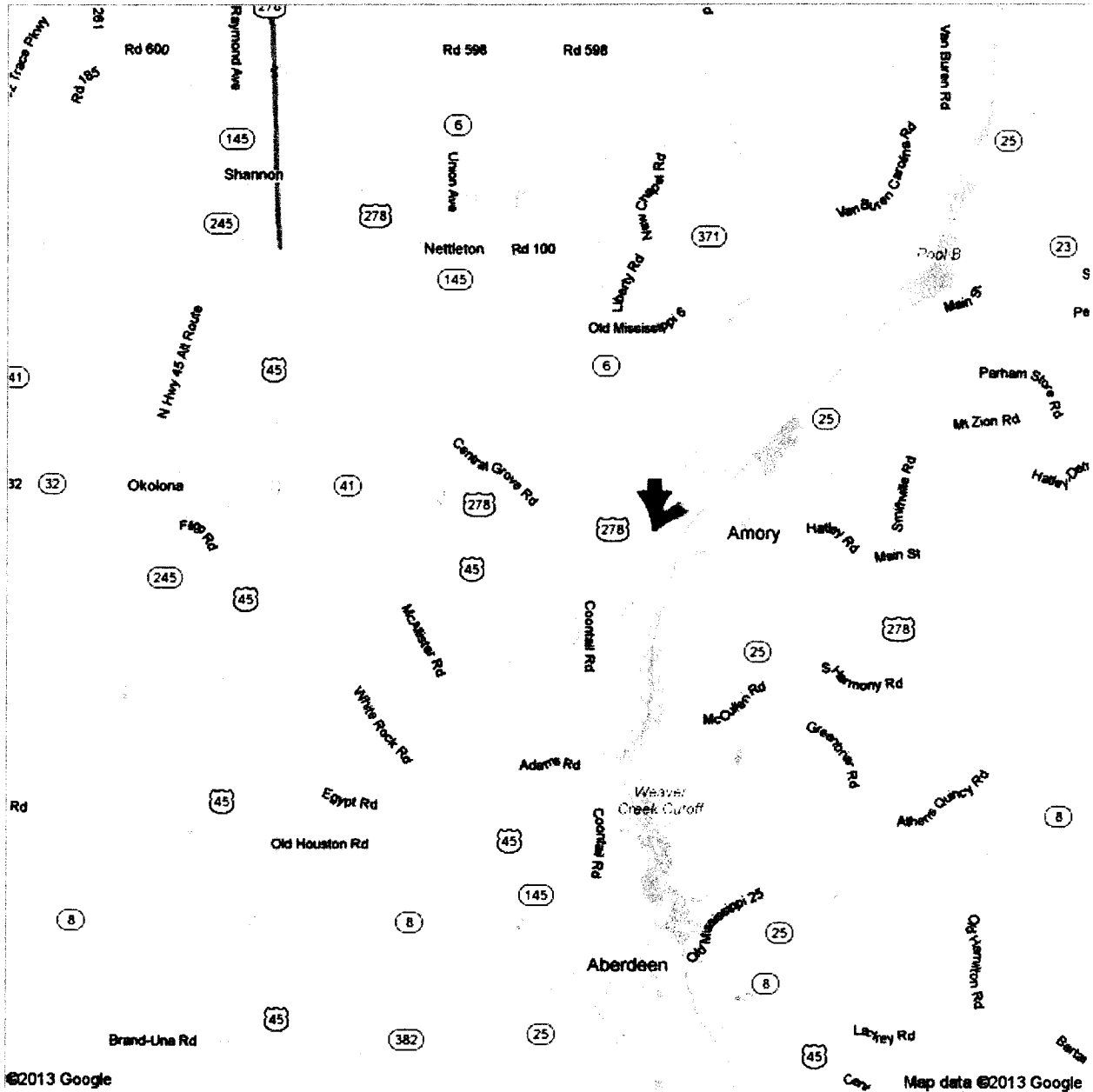
MARINA DALRYMPLE
P.O. Box 210
Amory, MS 38821
Address Mississippi

C120

Google

33° 59' 6.7416"
-88° 31' 37.6"

Get Google Maps on your phone
Text the word "GMAPS" to 466453

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MAY 20 2013
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