

Job # 10-073

State Well Report
Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(801)961- 5210
(601)961- 5228 (fax)

County: Quitman
Permit #: GW-44076 ✓
Driller: Pete Sappleton
Date drilling completed: 4-26-10

For Office Use Only:
Aquifer: B44
Well #: _____
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Norris Faust</u></p> <p>Mailing Address: <u>940 Six Mile Lake Rd.</u></p> <p><u>Sledge</u> <u>Ms.</u> <u>38670</u> City State Zip Code</p> <p>Telephone No. <u>(662) 654-1717</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 24' ^{58.7}"</u> Longitude: <u>90° 18' ^{23.6}"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <u>24</u></p> <p>USGS quad: <u>Hand-held GPS</u>, Survey-grade GPS ✓</p> <p><u>NW</u> ¼ <u>52</u> ¼ Sec <u>1</u> ✓ Twn <u>85</u> ✓ Rng <u>11W</u></p> <p>Distance <u>3</u> Miles Direction <u>W</u> of Nearest Town <u>Sledge</u></p>
---	--

Well / Borehole Data

Date drilling started: 4-26 Date drilling completed: 4-26 Hole depth: 95' Hole diameter: 21"

Location of the source of any surface water used for drilling: Canal off Hwy 315 near well

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10ppm

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: 20 feet above or below (circle one) land surface Date measured: 4-27-10

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 95' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 12 inches Type of casing: Sch 40

Screen length: 40 feet Screen diameter: 12 inches Type of screen: Sch 40

Screen slot size: .032 inches Setting depth: From 55 feet to 95 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 (04/08)

RECEIVED
JUN 01 2010
BY: OLWR

B44

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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: B44

Well #: _____

Elevation: _____

County: Quitman
 Permit #: GW-44076
 Driller: Pete Sappington
 Date completed: 4-26-10
Copy information from block 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>Norris Faust</u>	Latitude: <u>34° 24.54.3</u> Longitude: <u>90° 18.23.8 "</u>
Mailing Address: <u>840 SIX MILE LAKE RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sledge MS 38670</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>52 1/4 SE 1/4 Sec 1 T8S R11W</u>
Telephone No. <u>(662) 654-1717</u>	Distance Direction Nearest Town
	<u>4.2 Miles NNW of DARLING</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>5-5-10</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

DAVID P. HOLT 0-752P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

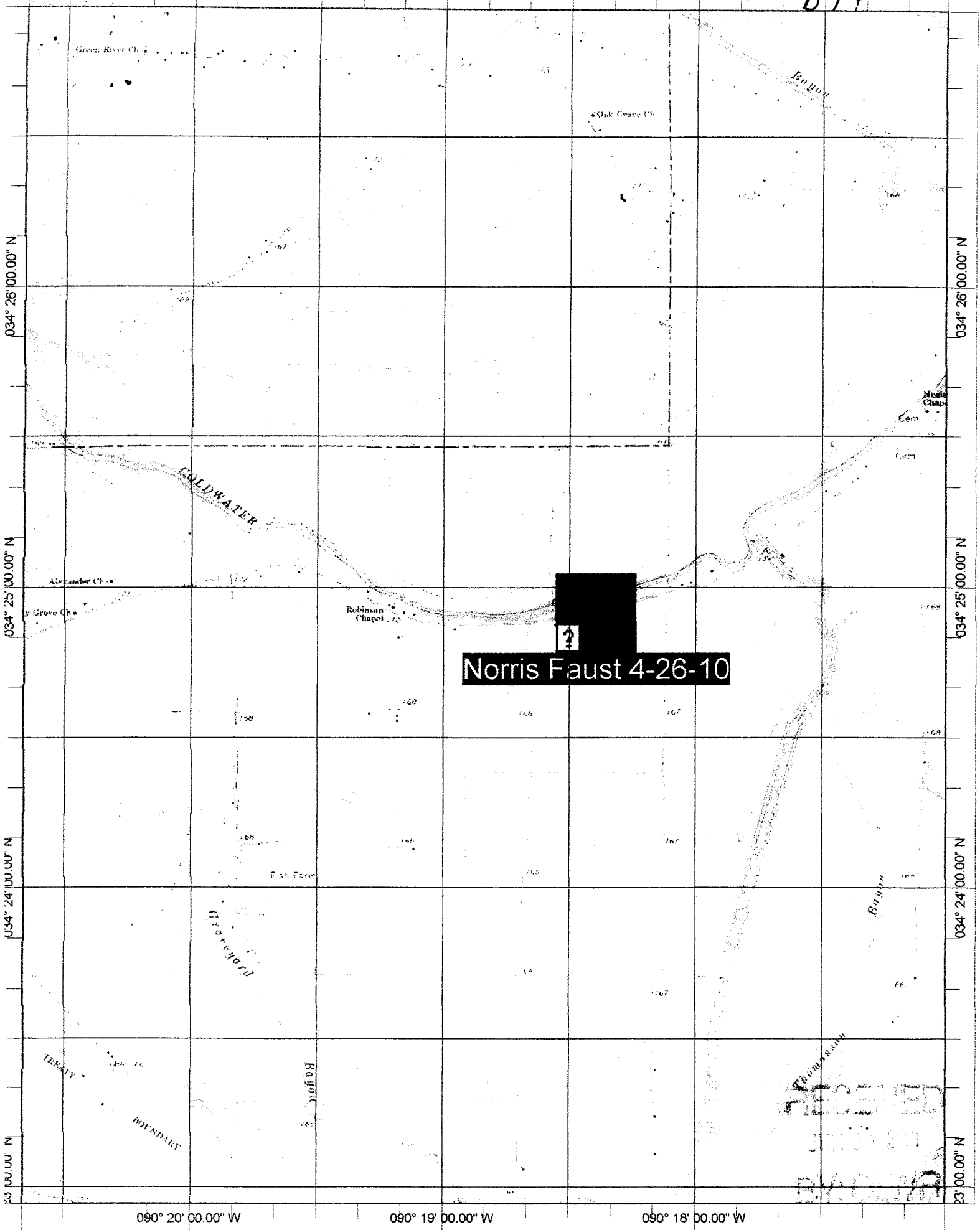
RECEIVED
JUN 01 2010
BY: OLWR

090° 20' 00.00" W

090° 19' 00.00" W

090° 18' 00.00" W

B44



Norris Faust 4-26-10

RECEIVED
JUN 10 2010
BY CLIP