

Job # 9546

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

For Office Use Only:

Aquifer: D 30

Well #: _____

L. S. Elevation: _____

E-log #: _____

County: Quitman
Permit #: GW-43597
Driller: Pete Sappington
Date drilling completed: 4-06-10

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>Dr. Ralph Braund</u>	Latitude: <u>34° 18' 20"</u> Longitude: <u>90° 22' 31"</u>
Mailing Address: <u>1800 Beverly Ave.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Muscle Shoals Ala 35662</u>	USGS quad. Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 15 Twn 28N Rng 2W</u>
Telephone No. <u>256 383-1160</u>	Distance Direction Nearest Town
	<u>2 1/2 Miles WAW of Belen</u>

Well / Borehole Data

Date drilling started: 4-06 Date drilling completed: 4-06 Hole depth: 98' Hole diameter: 28"

Location of the source of any surface water used for drilling: From Irrigation Ditch

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypochlorite 0.10ppm

Logs run (circle all applicable): No log run Electric Gamma Ray 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: 4-07

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

Well depth: 98' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite _____ Mix _____

Casing length: 58 feet Casing diameter: 16 inches Type of casing: PVC -40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC-40

Screen slot size: .032 inches Setting depth: From 58 feet to 98 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)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D-30
 Elevation: _____

County: Quitman
 Permit #: GW-43597
 Driller: Pete Sappington
 Date completed: 4-6-10

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>Dr. Ralph Braund</u>	Latitude: <u>34°18'12.2"</u> Longitude: <u>90°22'54.8"</u>
Mailing Address: <u>1800 Beverly Ave</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Muscle Shoals, AL 35662</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City _____ State _____ Zip Code _____	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>(256) 383-1160</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input 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): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>5-5-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
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 of Pump Installer

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BY: OLWR

JOB #
9546

090° 23' 00.00" W

090° 22' 00.00" W

090° 21' 00.00" W

Jones Chapel

BM 167

2

Ralph Braund Job #9546 4-6-10

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Belen

Bayou

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RECEIVED

MAY 12 2010

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