

# 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)

County: QUITMAN  
 Permit #: 40060 GW40061  
 Driller: HOUSTON DRILLING  
 Date drilling completed: 5/12/05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-67  
 L. S. Elevation: F48  
 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.

| Information on Well Owner<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Charlotte McPheeters</u>                                      | Latitude: <u>34° 19' 96"</u> Longitude: <u>90° 13' 66"</u>                |
| Mailing Address: <u>1255 North BASWLANE</u>                                  | Method of Lat/Long (circle one): Conventional Survey, <u>57</u> <u>39</u> |
| <u>SARASOTA FL 34243</u><br>City State Zip Code                              | USGS quad: <u>NW 1/4 SW 1/4 Sec 342 Twn 88 Rng 10W</u><br><u>93</u>       |
| Telephone No. <u>(813) 444-8531</u>  | Distance _____ Miles _____ of _____ Nearest Town _____                    |

**Well / Borehole Data**

Date drilling started: 5/12 Date drilling completed: 5/12 Hole depth: 110 Hole diameter: 24

Location of the source of any surface water used for drilling: SAME

Method of dosing and volume of Chlorine used in drilling and development: 11B per 1000

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: 16 feet above or below (circle one) land surface Date measured: 5/13

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .030 inches Setting depth: From 70 feet to 110 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.*

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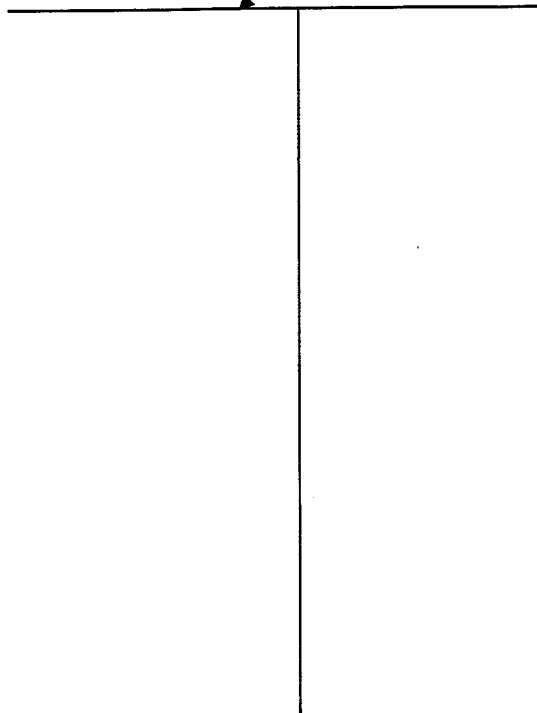
C07

The sketch below only required for water wells

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

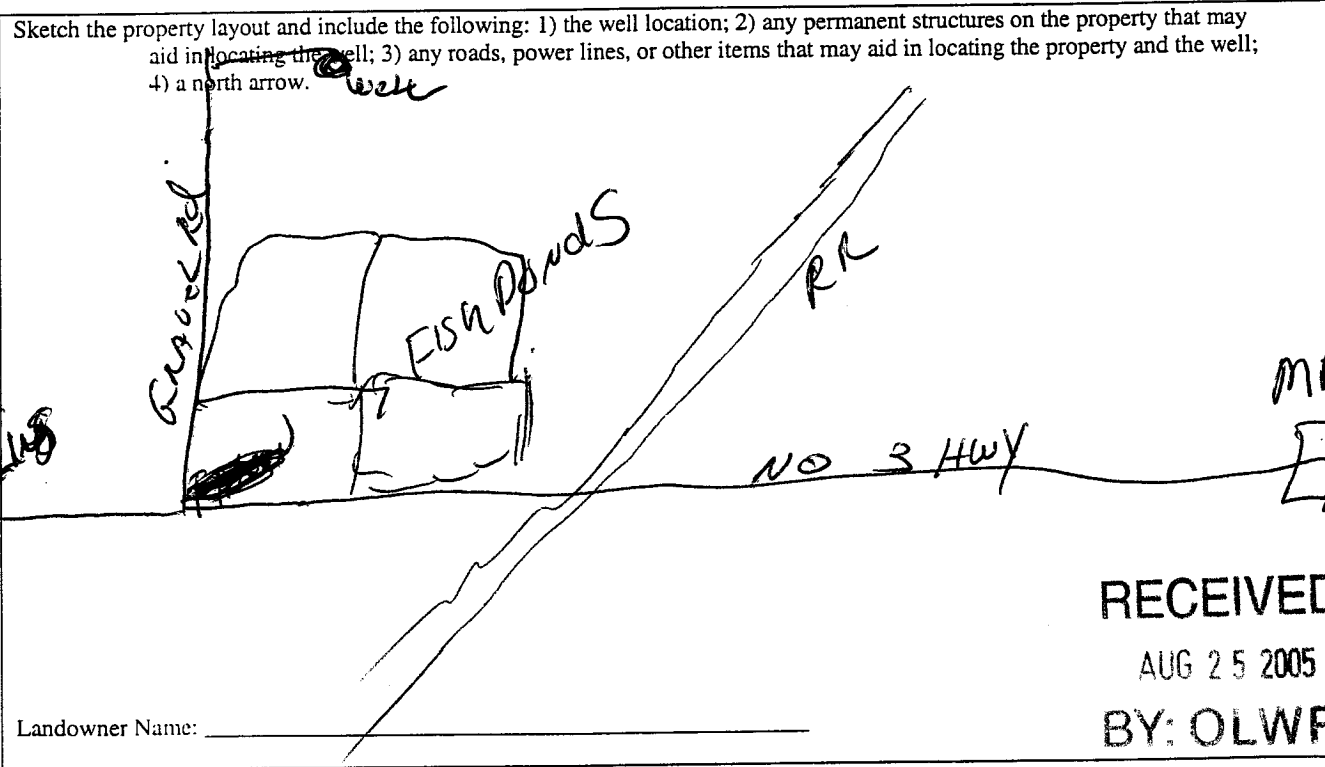
If well telescopes, show depths on sketch.

Ground Level



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| CLAY                                  | 0            | 13         |
| FINE SAND                             | 13           | 43         |
| COARSE SAND & GRAVEL                  | 43           | 110        |
|                                       |              |            |
|                                       |              |            |
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If more than one screen, show location of each on sketch



I 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.

PAUL POWELL 0435 5/30/05 Paul Powell JUN 03 2005

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 067  
Elevation: \_\_\_\_\_

County: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Driller: \_\_\_\_\_  
Date completed: \_\_\_\_\_

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

| Well Owner Information  | Well Location   |
|---|---|
| Owner Name: <u>Charlotte McPheeters</u>                       | Latitude: <u>39° 19.96' N</u> Longitude: <u>090° 13.66' W</u>   |
| Mailing Address: <u>1255 North Basin Lane</u>                 | Method of Lat/Long (circle one): Conventional Survey, _____<br>USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ |
| <u>Sarasota</u> <u>FL</u> <u>34242</u><br>City State Zip Code | _____ ¼ _____ ¼ Sec <u>34</u> Twn <u>85</u> Rng <u>10 W</u>   |
| Telephone No. <u>(602) 444-8531</u>                           | Distance _____ Direction _____ Nearest Town _____<br>_____ Miles _____ of _____   |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                              |
|---|---|
| Air Lift      Jet      Submersible                  | <u>Diesel Engine</u> Gasoline Engine      Natural Gas |
| Bucket      Piston <u>Turbine</u>                   | Electric Motor      Hand      Tractor PTO             |
| Centrifugal      Rotary      Flowing Well           | Windmill      Other (specify): _____                  |
| Other (specify): _____                              | Horse Power Rating of Motor: _____                    |
| Date Pump Installed: <u>7-28-05</u>                 | Setting Depth: <u>70</u> feet                         |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute | Number of Stages: <u>1 stage</u>                      |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: _____                                   | Air Line      Electric Measuring Line <u>Steel Tape</u>                           |
| Static Water Level (A): <u>16</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      0-572P  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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