State Well Report Part 1 Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10531 Date Millie Levy 4nd+ Date drilling complexed: 10-24-09 State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well (001)354-6938 (fax) Image: Complexed Partment within 30 days of completion of drilling of the well (001)354-6938 (fax) State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well (001)354-6938 (fax) Well Owner Information Owner Name: Frank Will bourn Frank Will Douts Mailing Address: JLS 2. State (Dig Ar KS) Purpose of Well (circle one) Home Industrial Public Supply Purpose of Well (circle one). Home Industrial Public Supply Well Datu Well Datu Purpose of Well (circle one). Home Industrial Public Supply Mitcoid Measurement (circle one). State above or foot circle one) and surface Date well drilling started: JO 2. Co Measuremet (circle one). State Law:		~		2,4
Construction Construction <t< th=""><th></th><th>1 State Well</th><th>Report</th><th></th></t<>		1 State Well	Report	
Permat #	County: Quitman			
Date drilling completed: 10-26-09 LS. Beration: Bitate Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. E is # :		Mississippi Department of I	Environmental Quality	Aquifer:
Date drilling completed: 10-26-09 LS. Beration: Bitate Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. E is # :		4		Well #:
Date drilling completed: 10-26-09 (601)354-6938 (fax) Elog # State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well Owner Information Well Owner Information Well Owner Information Well Owner Information Owner Name Frank Will for the well. Mailing Address: 1153 SECH on 5 Rd. Well Ocide State Zip Code Nt & SE 4 Sec. Mailing Address: 105 245 Mell Od GR Nearest Town 2000se of Well (circle one) Home Industrial Public Supply Image address Miles Miles Mark SE State Law of feet dow of coost circle one) and unface Date well drilling completede:				
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Well Owner Information Owner Name Frank Will Owner Information Owner Name Frank Will Owner Information Well Owner Information Well Owner Information Owner Name Frank Will Search State Zip Code Mailing Address: Marking Address: Well Data Well Data Well Own regulation: Value Other (describe) State Level: 10° 20° 09 Other (describe) State Level: 10° feet above or Edsw(circle one) hand surface Date well drilling completed: 10° 20° 09 State Level: 10° feet Casing drameter	Date drilling completed: 10-26-09			
30 days of completion of drilling of the weil. Well Owner Information Owner Name Frank Will baurn Mailing Address: []] []] []] []] []] []] []] []] []] []]		(601)354-693	38 (fax)	E-log #:
Well Owner Information Well Location Owner Name Frank Will Job 40n Mailing Address: J153 Steck in 5 kd. Mailing Address: J153 Steck in 5 kd. Mailing Address: J153 Steck in 5 kd. Marks J153 Steck in 5 kd. Marks J153 Steck in 5 kd. Marks J152 State Zip Code J14 kd. State Well Data State Zip Code Well Data State J10 - 26 - 09 Date well drilling completed: J0 - 26 - 09 Incr Ks Date well drilling completed: J0 - 26 - 09 Incr Ks Method of flow regulation: Value Other (describe) Incr Ks J16 well drilling completed: J0 - 26 - 09 Incr Ks Incr Ks Date well drilling completed: J0 - 26 - 09 Incr Ks Incr Ks Method of flow regulation: Value Other (describe) Incr Ks Incr Ks Static Water Level: J2 - (eet above or clow)(circle one) land surface Date measured: J1 - 7 - 0 9 Method of flow regulat			er in detail and filed w	ith the Department within
Mailing Address: 1153 Stephing 5 Kd. Method of Lat/Long (circle one): Conventional Survey. 1153 State $2ip$ Code Telephone No. (462) $32.6 - 62.499$ Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: $10-26-09$ Date well drilling completed: $10-26-09$ Method of flow regulation: Valve Other (describe) Static Water Level: 19^2 feet above or below (circle one) had surface Date measured: $11-7-09$ Method of Measurement (circle one) steel tape electric tape air line other: <u>Lope 4 Welgyht</u> Hole depth: 100^2 Well depth: 100^2 Well grouted to a depth of 100 feet Type of grout (circle one): Cement Bettonite Mix Screen length: 20 feet Sereen diameter: 4 inches Type of screen: $1VC$ S/b Hed Screen length: 20 feet Sereen diameter: 4 inches Type of screen: $1VC$ S/b Hed Stature describe): Type of completion (circle all applicable): (Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: -0^2 feet. It telescoped or more than one screen, describe on back of page Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Terriff that the well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Wel			Well	Location
Mailing Address: 1153 Stephing 5 Kd. Method of Lat/Long (circle one): Conventional Survey. 1153 State $2ip$ Code Telephone No. (462) $32.6 - 62.499$ Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: $10-26-09$ Date well drilling completed: $10-26-09$ Method of flow regulation: Valve Other (describe) Static Water Level: 19^2 feet above or below (circle one) had surface Date measured: $11-7-09$ Method of Measurement (circle one) steel tape electric tape air line other: <u>Lope 4 Welgyht</u> Hole depth: 100^2 Well depth: 100^2 Well grouted to a depth of 100 feet Type of grout (circle one): Cement Bettonite Mix Screen length: 20 feet Sereen diameter: 4 inches Type of screen: $1VC$ S/b Hed Screen length: 20 feet Sereen diameter: 4 inches Type of screen: $1VC$ S/b Hed Stature describe): Type of completion (circle all applicable): (Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): Top of lap pipe or reduction in casing: -0^2 feet. It telescoped or more than one screen, describe on back of page Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): Terriff that the well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Well Contractor and License No. Ni/16 = 1.8 Frant 0 - 639 Print Name of Water Wel	Owner Name Frank Wi	bourn Lati	tude: 34.14.21	" Longitude 090°20 06 "
$\begin{array}{c c c c c c c c c c c c c c c c c c c $, , , , ,	-		
City State Zip Code Distance Distance Distance Telephone No. (462.) 32.6 - 62.49 Well Data Well Data Purpose of Well (circle one) Home Industrial Public Supply Inrigation Date well dritting completed: 10-26-09 Date well dritting completed: 10-26-09 Date well dritting completed: 10-26-09 If flowing, method of flow regulation: Valve Other (describe)			USGS quad Hand-held	GPS, Survey-grade GPS
City State Zip Code Distance Distance Distance Telephone No. (462.) 32.6 - 62.49 Well Data Well Data Purpose of Well (circle one) Home Industrial Public Supply Inrigation Date well dritting completed: 10-26-09 Date well dritting completed: 10-26-09 Date well dritting completed: 10-26-09 If flowing, method of flow regulation: Valve Other (describe)	Marks M	25 38646 N	N 1/4 SE 1/4 Sec 6	Two 27 N Rog I W
Well Data Purpose of Well (circle one) Home Industrial Public Supply (rrigation) Fish Culture Other:	•	ate Zip Code		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:	Telephone No. (462) 326-62	49 3	$\frac{1}{24}$ Miles $\frac{5}{2}$	of
Date well drilling started: $10 - 26 - 09$ Date well drilling completed: $10 - 26 - 09$ If flowing, method of flow regulation: ValveOther (describe)		Well Data		
Date well drilling started: $10 - 26 - 09$ Date well drilling completed: $10 - 26 - 09$ If flowing, method of flow regulation: ValveOther (describe)	Purpose of Well (circle one) Home Inc	lustrial Public Supply (Irri	gation) Fish Culture	Other:
Static Water Level: $\begin{bmatrix} 18^{-1} \\ feet above or elow}(circle one) land surface Date measured: \begin{bmatrix} 14^{-1} \\ 7^{-0} \\ 9 \\ Well depth \\ \end{bmatrix} depth depth \begin{bmatrix} 100^{-1} \\ Well depth \\ \end{bmatrix} well depth \begin{bmatrix} 100^{-1} \\ Well grouted to a depth of \\ \end{bmatrix} feet \begin{bmatrix} 190^{-1} \\ Well depth \\ \end{bmatrix} well grouted to a depth of \begin{bmatrix} 10 \\ 10 \\ feet \\ \end{bmatrix} feet \begin{bmatrix} 20 \\ feet \\ Casing diameter \\ \end{bmatrix} inches Type of casing: \begin{bmatrix} VC \\ Screen length \\ 20 \\ feet \\ \end{bmatrix} feet Screen diameter: \begin{bmatrix} 4 \\ inches \\ Type of screen \\ \end{bmatrix} feet Screen diameter: \begin{bmatrix} 4 \\ inches \\ Type of screen \\ \end{bmatrix} feet Screen diameter: \begin{bmatrix} 4 \\ inches \\ Type of screen \\ \end{bmatrix} feet to \begin{bmatrix} 100 \\ 0 \\ feet \\ Type of completion (circle all applicable): \\ \hline Gravel packed \\ Underreamed \\ Telescoped Open hole \\ Natural Development \\ Other (describe): \\ \hline Top of lap pipe or reduction in casing: \begin{bmatrix} 0^{-1} \\ feet. \\ If telescoped or more than one screen, describe on back of page \\ Logs run (circle all applicable): \\ \hline No log run \\ Electric \\ Gamma Ray Density Sonic \\ Neutron \\ Other: \\ \hline I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi \\ Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. \\ \hline Mi \\ Mi \\ Min \\ M$	-			-26-09
Static Water Level: $\begin{bmatrix} 18^{-1} \\ feet above or elow}(circle one) land surface Date measured: \begin{bmatrix} 14^{-1} \\ 7^{-0} \\ 9 \\ Well depth \\ \end{bmatrix} depth depth \begin{bmatrix} 100^{-1} \\ Well depth \\ \end{bmatrix} well depth \begin{bmatrix} 100^{-1} \\ Well grouted to a depth of \\ \end{bmatrix} feet \begin{bmatrix} 190^{-1} \\ Well depth \\ \end{bmatrix} well grouted to a depth of \begin{bmatrix} 10 \\ 10 \\ feet \\ \end{bmatrix} feet \begin{bmatrix} 20 \\ feet \\ Casing diameter \\ \end{bmatrix} inches Type of casing: \begin{bmatrix} VC \\ Screen length \\ 20 \\ feet \\ \end{bmatrix} feet Screen diameter: \begin{bmatrix} 4 \\ inches \\ Type of screen \\ \end{bmatrix} feet Screen diameter: \begin{bmatrix} 4 \\ inches \\ Type of screen \\ \end{bmatrix} feet Screen diameter: \begin{bmatrix} 4 \\ inches \\ Type of screen \\ \end{bmatrix} feet to \begin{bmatrix} 100 \\ 0 \\ feet \\ Type of completion (circle all applicable): \\ \hline Gravel packed \\ Underreamed \\ Telescoped Open hole \\ Natural Development \\ Other (describe): \\ \hline Top of lap pipe or reduction in casing: \begin{bmatrix} 0^{-1} \\ feet. \\ If telescoped or more than one screen, describe on back of page \\ Logs run (circle all applicable): \\ \hline No log run \\ Electric \\ Gamma Ray Density Sonic \\ Neutron \\ Other: \\ \hline I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi \\ Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. \\ \hline Mi \\ Mi \\ Min \\ M$	If flowing, method of flow regulation: Va	lve Other (descril	be)	
Method of Measurement (circle one) steel tape electric tape air line other: $\underline{kope \pm weight}$ Hole depth: $\underline{/00'}$ Well depth: $\underline{/00'}$ Well grouted to a depth of $\underline{/0}$ feet Type of grout (circle one): Cement Bentonite Mix Casing length: $\underline{30}$ feet Casing diameter: $\underline{4'}$ inches Type of casing: \underline{IVC} Screen length: $\underline{20}$ feet Screen diameter: $\underline{4'}$ inches Type of screen: \underline{IVC} S/0 Hed Screen slot size: $\underline{.0/6}$ inches Setting depth: From $\underline{30}$ feet to $\underline{.00}$ feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): $\underline{-}$ Top of lap pipe or reduction in casing: $\underline{-0'}$ feet. If telescoped or more than one screen, describe on back of page Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: $\underline{-}$ I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. $\underline{Wi/lie}$ L. $Brpan + 0-639$ \underline{Willie} L. $Well Contractor and License No.$ Signature of Water Well Contractor and License No.				
Hole depth:	Method of Measurement (circle one) s	teel tape electric tape	air line other:	pe & weight
Type of grout (circle one): Cement Bentonite Mix Casing length: \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$				
Casing length: <u><u></u><u></u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u>		<u> </u>		-
Screen length: 20 teet Screen diameter: 4 inches Type of screen: NC_S/0 ++ed Screen slot size: . 016 inches Setting depth: From 80 feet to 100 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe):			han 17 f	PVC
Screen slot size: <u>016</u> inches Setting depth: From <u>80</u> feet to <u>100</u> feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe):		1.		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe):	Screen length: <u>20</u> feet Screen	een diameter: <u> </u>	ches Type of screen:	IVC slotted
Other (describe):	Screen slot size:	Setting depth: From	80 feet to 1	0 D fcet
Top of lap pipe or reduction in casing:	Type of completion (circle all applicable):	Gravel packed Underreame	ed Telescoped Open	hole Natural Development
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. <u>W'///ie L. Bryant</u> 0-639 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor and License No. <u>RECEIV</u>		Other (describe):		
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. <u>Willie L. Bryant 0-639</u> Print Name of Water Well Contractor and License No. Signature of Water Well Contractor RECETV	Top of lap pipe or reduction in casing:	-0 ^ feet. If telesco	ped or more than one scr	een, describe on back of page
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. <u>Willy L. Bryant</u> Print Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEIV	Logs run (circle all applicable): No log ru	n Electric Gamma Ray De	nsity Sonic Neutron	Other:
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. <u>Willy L. Bryant</u> Print Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEIV	Name of organization running log(s)			
<u>Willie L. Bryant</u> 0-639 Print Name of Water Well Contractor and License No. Willy L. Bryant Signature of Water Well Contractor RECEIV	I certify that the well was drilled, constr	ructed, and completed in accord	lance with all applicable	requirements of the Mississippi
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEIV	Department of Environmental Quality a	and/or the Mississippi Departm	ent of Health regulations	and state laws.
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEIV	Willie L. Bryant	0-639	Willy	L. Byant
	- 1 . ,	•		Water Well Contractor
				RECEIV
				NOV 2.5.20

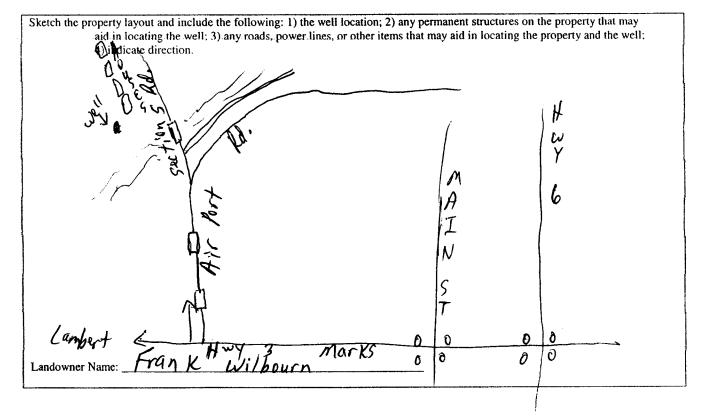
BY: OLWR

• If well telescopes please sketch below and show depths.

Ground Level		Description of Formations Encountered	From	To
·		Top Soil & Brown Sand	0	20
		Krown Sand	20	40
		Med. Sand	40	60
	L149	Coarse sand + grave/	80	80
		grave/	80	100
	1			1
			· .	<u> </u>
				\downarrow
				ļ
1			_	_
				<u> </u>
				<u> </u>
		·		
1				
		······································		
J				
				+
				<u> </u>
				┥───
				╂
				╉────
		1	1	1

9

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

RECEIVED NOV 2 5 2009 BY: OLWR

Part 2 Pump Installer's Completion Report	For Office Use Only:
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)	Aquifer: H149 Well #:
	ment within 30 days of the
^n Latitude: 34 (14,21) 5 Rd. Method of Lat/Long (circle)	Well Location <u>V</u> Longitude: <u>090⁶ 20-06</u> W e one): Conventional Survey, land-held GPS, Survey-grade GPS
3864614Zip Code14DistanceDirection	6 Twn 27 N Rng W
	Power Type Circle one
ubmersible Diesel Engine Gas	oline Engine Natural Gas
urbine Electric Motor Har	nd Tractor PTO
lowing Well Windmill Oth	ner (specify):
Horse Power Rating of Mo	otor: <u>2</u>
Setting Depth:	60feet
llons Per Minute Number of Stages:	5
	Measuring Water Level Circle one
low Land Surface Other (specify):	Measuring Line Steel Tape
low Land Surface For flowing well, measured	d shut in head:feet
Ilons Per Minute Well yielded 125	GPM with a drawdown of
<u>4</u> hours <u>feet afte</u>	erhours of pumping
	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) ump installer in detail and filed with the Depart Latitude: 34444221/1 Latitude: 34444221/1 L

NOV 2 5 2009 BY: OLWR