

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

County: Quitman
Permit #:
Driller: Willie Bryant
Date drilling completed: 4-3-11

For Office Use Only:
Aquifer: H 151
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.

Information on Well Owner
(Landowner if borehole is not for a water well)
Owner Name: Williams Alias Jr
Mailing Address: P.O. Box 2200
Oxford MS 38655
Telephone No.: 662801-2596

Well or Borehole Location
Latitude: 34.14.50 N Longitude: 90.14.40 W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad. (Hand-held GPS) Survey-grade GPS
NE 1/4 NE 1/4 Sec 6 Twn 27N Rng 1E
Distance: 2.7 Miles Direction: East of Nearest Town: Marks

Well / Borehole Data
Date drilling started: 4-3-11 Date drilling completed: 4-3-11 Hole depth: 100' Hole diameter: 6 1/2"
Location of the source of any surface water used for drilling: Lake
Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets
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 [checked] 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: Washing + cleaning fish
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 25' feet above of below (circle one) land surface Date measured: 4-3-11
Method of Measurement (circle one) steel tape electric tape air line other: Rope + weight
Well depth: 100' Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 86 feet Casing diameter: 4 inches Type of casing: PVC 160
Screen length: 14 feet Screen diameter: 4 inches Type of screen: PVC Slotted
Screen slot size: .013 inches Setting depth: From 86 feet to 100 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: - 0 - feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (04/08)

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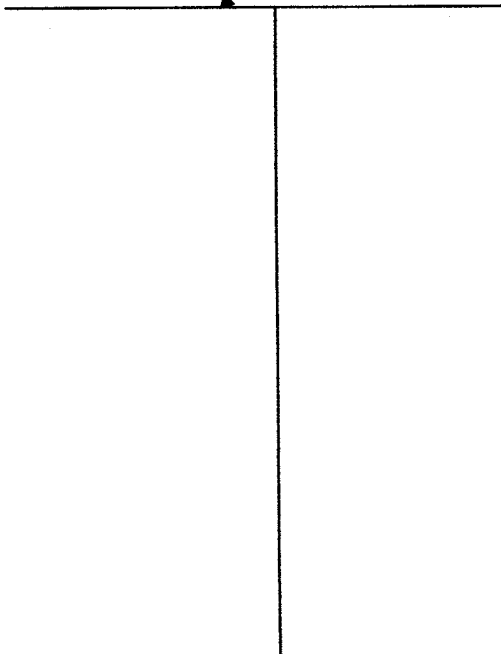
H151

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

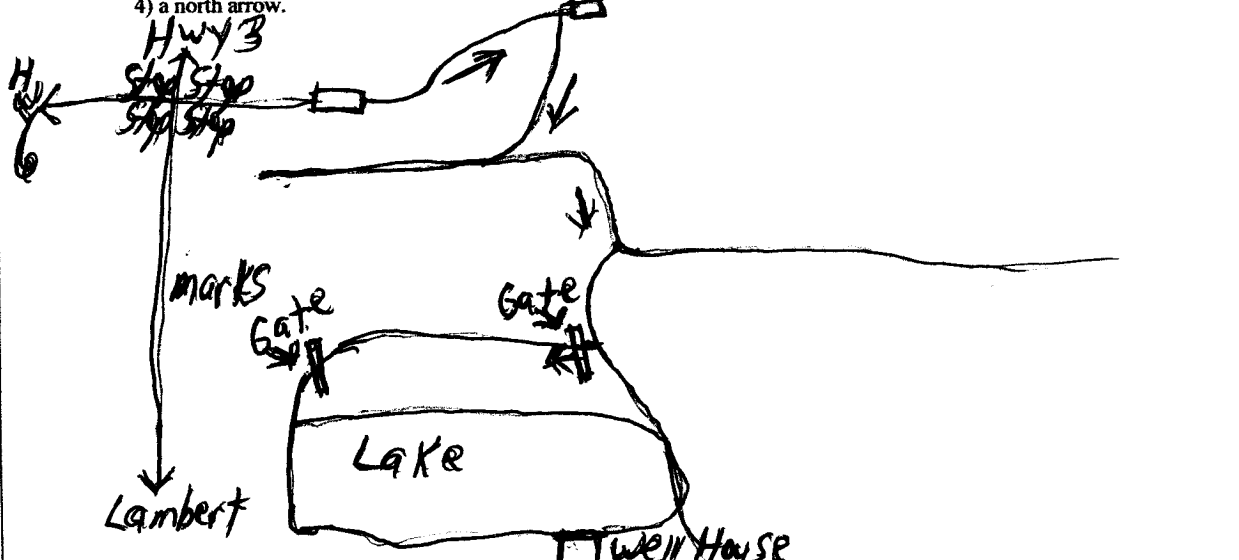
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
Clay & Brown Sand	Ground Level	20
Brown & Med Sand	20	40
Coarse Sand	40	60
Rock	60	76
gravel/	76	78
Rock	78	83
gravel/	83	85

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) a north arrow.



Landowner Name: William Alias Jr. ● - well

Form: OLWR-SWR-1A (04/08)

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.

Willie Bryant 0-639 4-29-11 Willie L Bryant
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Oktaha
 Permit #: _____
 Driller: Willie Bryant
 Date completed: 4-3-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

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>Williams Alkes Jr.</u>	Latitude: <u>34° 14.50' N</u> Longitude: <u>090° 14.40' W</u>
Mailing Address: <u>P.O. Box 2200</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Oxford MS 38655</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>6</u> T <u>27N</u> R <u>1E</u>
Telephone No. (____) _____	Distance <u>2.26</u> Miles Direction <u>East</u> of Nearest Town <u>Max KS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>1 HP</u>
Date Pump Installed: <u>4-3-11</u>	Setting Depth: <u>84'</u> feet
Rated Pump Capacity: <u>Not Known</u> Gallons Per Minute	Number of Stages: <u>Not Known</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-3-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): <u>Roped weight</u>
Pumping Water Level (B): <u>28</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>26</u> GPM with a drawdown of
Test Pumping Rate: <u>26</u> Gallons Per Minute	<u>3</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Willie Bryant 0-639 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1-C-07-001
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