

County: Quitman  
 Permit #: GW 44635  
 Driller: Will Young  
 Date drilling completed: 6/22/11

**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)

For Office Use Only:  
 Aquifer: MS River Alluvial  
 Well #: L80  
 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><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Paul Fortner</u>          Mailing Address: <u>P.O. Box 480</u>  <u>Sumner MS 38957</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 5' 19"</u> Longitude: <u>90° 16' 23"</u>          Method of Lat/Long (circle one): <u>Conventional Survey</u>          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>SE 1/4 SE 1/4 Sec 27 Twn 26N Rng 01W</u>          Distance Direction Nearest Town  <u>4</u> Miles <u>SE</u> of <u>Vance</u></p>
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**Well / Borehole Data**

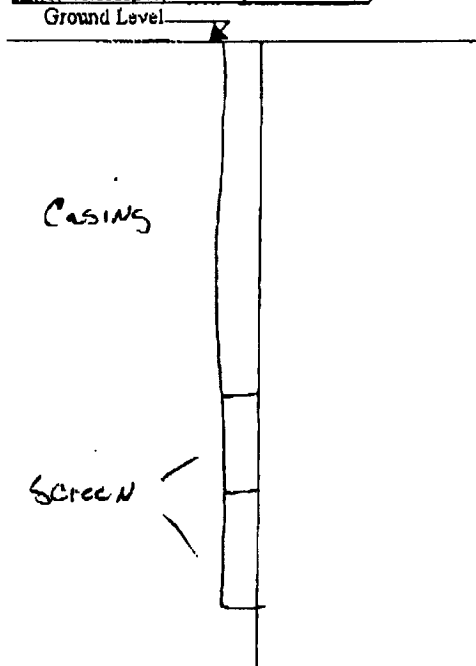
Date drilling started: 6/22/11 Date drilling completed: 6/22/11 Hole depth: 118 Hole diameter: 34"  
 Location of the source of any surface water used for drilling: Local Ditch  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 Logs run (circle all applicable): 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 N/A Other (describe) \_\_\_\_\_  
 Static Water Level: 20 feet above or below (circle one) land surface Date measured: \_\_\_\_\_  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 118 Well grouted to a depth of 118 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 78 feet Casing diameter: 12 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC  
 Screen slot size: .050 inches Setting depth: From 0 feet to 118 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: N/A feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

Replaces MS-GW-36212

The sketch below only required for water wells

If well telescopes, show depths on sketch



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

Description of Formations Encountered	From (depth)	To (depth)
Combo	Ground Level	30
Coarse Sand	30	75
Coarse Sand Gravel	75	118

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: \_\_\_\_\_

Form: OLWR-SWR-1A

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.

Will Young UNR 1995 6/22/11      Will Young  
 Print Name of Responsible Licensee and License No.      Date      Signature of licensee

# 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)

County: Quitman  
 Permit #: Gw 44635  
 Driller: Will Young  
 Date completed: 6/22/11  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L80  
 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>Paul Fortner</u> Mailing Address: <u>PO Box 480</u> <u>Sumner MS 38967</u> <small>City State Zip Code</small> Telephone No. (____) _____	Latitude: <u>34° 3' 69"</u> Longitude: <u>90° 16' 83"</u> Method of Lat/Long (check one): <u>515</u> Conventional Survey <u>10 49</u> USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____ _____ 1/4 Sec <u>27</u> T <u>26N</u> R <u>01W</u> Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>VANCE</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet                  Submersible Bucket        Piston <u>Turbine</u> Centrifugal   Rotary              Flowing Well Other (specify): _____ Date Pump Installed: <u>6/22/11</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand                      Tractor PTO Windmill              Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/22/11</u> Static Water Level (A): <u>20</u> Feet Below Land Surface Pumping Water Level (B): <u>35</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface Test Pumping Rate: <u>2500</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line      Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): Will Young

Signature of Pump Installer: Will Young