

9464

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
(801)961- 5210
(601)961- 5228 (fax)

County: Quitman
 Permit #: GW43509
 Driller: Pete Sappington
 Date drilling completed: 9-10-09

For Office Use Only:
 Aquifer: _____
 Well #: M56
 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)	Well or Borehole Location
Owner Name: <u>Dr. Michael Turner</u>	Latitude: <u>34° 06' 66"</u> Longitude: <u>90° 10' 27"</u> <u>40</u> <u>46</u>
Mailing Address: <u>1110 N. Lamar Blvd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS
<u>Oxford</u> <u>Ms</u> <u>38655</u> City State Zip Code	USGS quad, <u>SW 1/4 NE 1/4 Sec 22 Twn 26N Rng 1E</u>
Telephone No. <u>(662) 234-0400</u>	Distance <u>4 1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>Crowder</u>

Well / Borehole Data

Date drilling started: 9-10-09 Date drilling completed: 9-10-09 Hole depth: 92' Hole diameter: 28"

Location of the source of any surface water used for drilling: Ditch near well site

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo-Chlorite @ Rypen

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: 6 feet above or below (circle one) land surface Date measured: 9-10-09

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

Well depth: 92 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: Sch. 40 PVC

Screen length: 32 feet Screen diameter: 16 inches Type of screen: Sch. 40 PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 92 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)

RECEIVED
OCT 05 2009
BY: OLWR

9464

M56

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 \rightarrow

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	18'
fine sand	18'	25'
Coarse Sand + Gravel	25'	92'

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.

See Attached

Landowner Name: Dr. Michael Turner

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.

Pete Sappington 0430 10-1-09
Print Name of Responsible Licensee and License No. Date

Pete Sappington
Signature of Licensee

RECEIVED
OCT 05 2009
BY: OLWR

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 County
 Permit #: _____
 Driller: PETE SAPPINGTON
 Date completed: 9-10-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: M 50
 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>DR. MICHAEL TURNER</u>	Latitude: <u>34° 06' 38.99"</u> Longitude: <u>90° 10' 45.23"</u>
Mailing Address: <u>1110 NORTH LAMAR BLVD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Oxford</u> <u>MS</u> <u>38655</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>22</u> T <u>26N</u> R <u>1E</u>
Telephone No. <u>(601) 234-0400</u>	Distance Direction Nearest Town
	<u>4 1/2</u> Miles <u>SW</u> of <u>CROWDER</u>

Pump Type Circle one	Power Type 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: <u>60</u>
Date Pump Installed: <u>1-12-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</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 Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>6</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
 RECEIVED
 SEP 11 2009
 2:10 PM

JOB #
 9464