

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)

For Office Use Only:

Aquifer: _____
Well #: M40
L. S. Elevation: _____
E-log #: _____

County: SMITH
Permit #: _____
Driller: J PARKER
Date drilling completed: 7-27-11

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>JAMES GARNER</u>	Latitude: <u>31° 55' 39"</u> Longitude: <u>89° 38' 35"</u>
Mailing Address: <u>RT 1 MIZE</u> <u>SCR 112</u> <u>MILE MS 39116</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 NW 1/4 Sec <u>13</u> Twn <u>T1N</u> Rng <u>R16W</u> R6E
Telephone No. <u>601 517-1314</u>	Distance Direction Nearest Town <u>8</u> Miles <u>NW</u> of <u>MIZE</u>

Well / Borehole Data

Date drilling started: 7-23-11 Date drilling completed: 7-27-11 Hole depth: 170 Hole diameter: 6 1/4"

Location of the source of any surface water used for drilling: HOME
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): NO

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: 60' feet above or below (circle one) land surface Date measured: _____

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

Well depth: 170' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 70' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 150 feet to 170 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-100

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M40

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level →

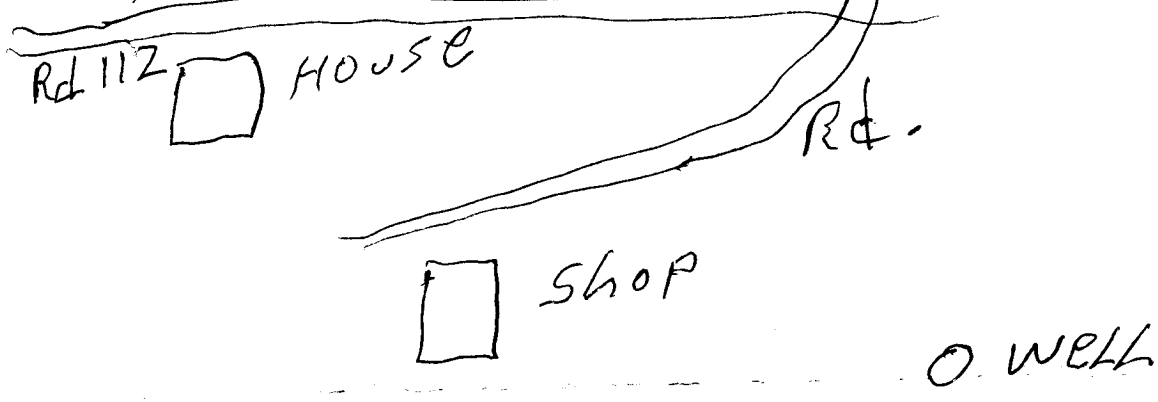
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
SAND	0	60'
CLAY	60'	145
SAND	145	170

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: JAMES GARNER

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.

JOHN PARKER John R Parker
Print Name of Responsible Licensee and License No. Signature of Licensee

Date 8-15-11

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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: SMITH
 Permit #: _____
 Driller: J. PARKER
 Date completed: 7-27-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M40
 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>JAMES GARNER</u>	Latitude: <u>31-55-39</u> Longitude: <u>89-38-35</u>
Mailing Address: <u>RT. 1</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SCR 112</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>MIZE MS. 3946</u>	<u>NW 1/4 NW 1/4 Sec 13 T11N R13W R6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-517-1314</u>	<u>8</u> Miles <u>NW</u> of <u>MIZE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 HP</u>
Date Pump Installed: <u>7-28-11</u>	Setting Depth: <u>140'</u> feet
Rated Pump Capacity: <u>17</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-28-11</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>24</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

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

JOHN V. PARKER John V. Parker
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: **OLWR**