

State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Sunflower
 Permit #: GW-44358
 Driller: Clarence McMurry
 Date drilling completed: 6-12-10

For Office Use Only:
 Aquifer: C 114
 Well #: _____
 I. 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Eddie McCain</u> Mailing Address: <u>215 Shilling Rd</u> <u>Drew</u> MS <u>38737</u> City State Zip Code Telephone No. <u>(662) 588-6997</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N33° 51' 20.53"</u> Longitude: <u>W90° 53' 59.77"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <u>NE 1/4 NW 1/4</u> Sec <u>24</u> Twn <u>23N</u> Rng <u>4W</u> Distance <u>3.5</u> Miles Direction <u>NW</u> of Nearest Town <u>Drew</u></p>
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Well / Borehole Data

Date drilling started: 6-12-10 Date drilling completed: 6-12-10 Hole depth: 90' Hole diameter: 26"
 Location of the source of any surface water used for drilling: Well Replacing
 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 _____ Other (describe) N/A
 Static Water Level: 42 feet above or below (circle one) land surface Date measured: 6-14-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 90' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix
 Casing length: 40 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 40 feet to 50 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*

Replacement Well

C114

The sketch below only required for water wells

If well telescopes, show depths on sketch.

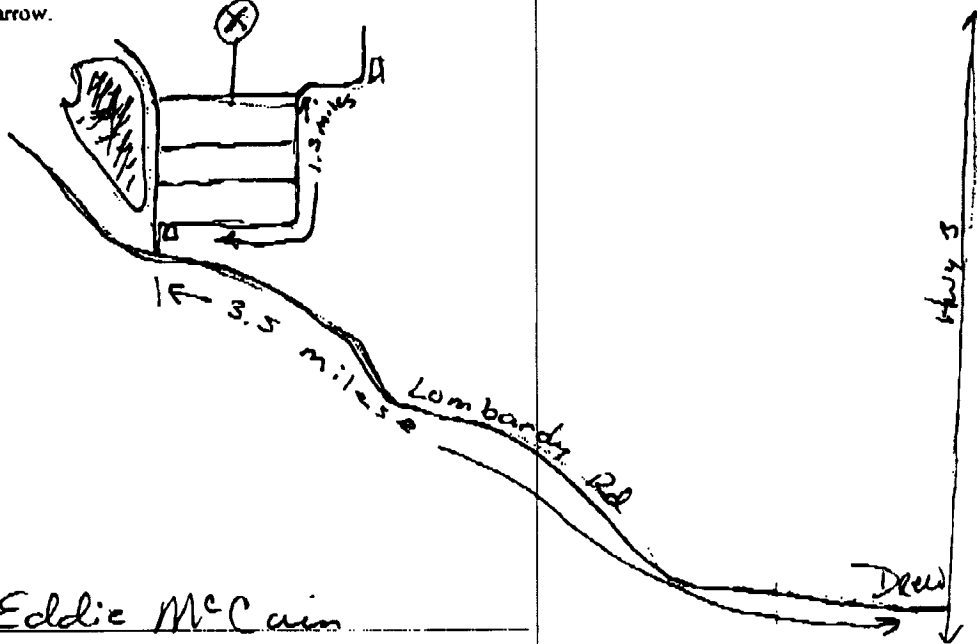
Ground Level _____

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)
Top Sand	Ground Level	23
Medium Sand	23	27
Medium & Coarse Sand & gravel	27	42
Medium & Coarse Sand w/ pea gravel and clay	42	43
Medium & Coarse Sand & gravel	43	45
Coarse Sand & Gravel	45	85
Medium & Coarse Sand & pea gravel	85	87
Clay & Coarse Sand and gravel	87	90

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:

Eddie McCain

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.

Clayton Miller 0-703 6-16-10

Print Name of Responsible Licensee and License No.

Date

Clayton Miller

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Sunflower
 Permit #: GW-44358
 Driller: Michael Wells
 Date completed: 6-14-10
Copy information from block on Part 1

For Office Use Only:
 Aquifer: C114
 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>Eddie McCain</u>	Latitude: <u>N33° 51' 20.53"</u> Longitude: <u>W90° 33' 59.47"</u>
Mailing Address: <u>215 Shilling Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Drew MS 38732</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> T. <u>23</u> N. R. <u>40</u>
Telephone No. <u>(662) 588-6997</u>	Distance Direction Nearest Town
	<u>3.5</u> Miles <u>NW</u> of <u>Drew</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-14-10</u>	Setting Depth: <u>73</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer