

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-46144
 Driller: Clarence McMurry
 Date drilling completed: 4-13-12

For Office Use Only:
 Aquifer: _____
 Well #: C120
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Eddie McCain</u>	Latitude: <u>N 33° 51' 07.76"</u> Longitude: <u>W 90° 33' 59.46"</u>
Mailing Address: <u>25 Shilling Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> ⁵⁹
City: <u>Drew</u> State: <u>MS</u> Zip Code: <u>38737</u>	USGS quad, Hand-held GPS Survey-grade GPS
Telephone No. <u>(662) 745-2349</u>	<u>SE 1/4 NW 1/4 Sec 24 Twn 23N Rng 4W</u>
	Distance: <u>8.75</u> Miles Direction: <u>N</u> of Nearest Town: <u>Ruleville</u>

Well / Borehole Data

Date drilling started: 4-13-12 Date drilling completed: 4-13-12 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby well

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/Cienological 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: 43' feet above or below (circle one) land surface Date measured: 4-20-12

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

Well depth: 120' 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: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 120 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*

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)

For Office Use Only:

Aquifer: _____

Well #: C120

Elevation: _____

County: Sunflower
 Permit #: GW-46144
 Driller: John Rybolt IV
 Date completed: 4-20-12
 Cont. Information from block on Part 1

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

Owner Name: Eddie McCain
 Mailing Address: 25 Skilling Rd
Draw MS 38737
 City State Zip Code
 Telephone No. (662) 745-2349

Well Location

Latitude: N33° 51' 07.76" Longitude: W90° 33' 59.16"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
 Distance Direction Nearest town
8.75 Miles N of Ruleville

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____

Date Pump Installed: 4-20-12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): Gear Drive

Horse Power Rating of Motor: _____
 Setting Depth: 80 feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: NOT TESTED
 Static Water Level (A): 43 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface
 Test Pumping Rate: N/A Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A 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.

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

Clayton Miller
 Signature of Pump Installer