

County: Tallahatchie  
 Permit #: 44759  
 Driller: Young's Custom Serv.  
 Date drilling completed: 6/18/11

**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 #: C112  
 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>PO 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° 1' 00"</u> Longitude: <u>90° 20' 53"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>SE 1/4 SE 1/4 Sec 24 Twn 25N Rng 02W</u>          Distance Direction Nearest Town  <u>1</u> Miles <u>S</u> of <u>Vance MS</u></p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>6/14/11</u> Date drilling completed: <u>6/18/11</u> Hole depth: <u>103</u> Hole diameter: <u>24"</u>          Location of the source of any surface water used for drilling: <u>Local Ditch</u>          Method of dosing and volume of Chlorine used in drilling and development: _____          Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____          Name of organization running logs: _____          Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____          Seismic Survey _____ Other (describe) _____  <i>If drilling is not related to water well construction, skip the remainder of this block</i></p>	
<p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____          If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____          Static Water Level: <u>20</u> feet above or below (circle one) <u>and surface</u> Date measured: _____          Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____          Well depth: <u>103</u> Well grouted to a depth of <u>103</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix          Casing length: <u>63</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>          Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>          Screen slot size: <u>.050</u> inches Setting depth: From <u>063</u> feet to <u>103</u> feet          Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development          Other (describe): _____          Top of tap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p>	



# 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: Tallahatchi  
 Permit #: 44759  
 Driller: Will Young  
 Date completed: 6-19-11  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: MS River Alluvial  
 Well #: C112  
 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>	Latitude: <u>34-1-22</u> Longitude: <u>90-20-29</u>
Mailing Address: <u>PO Box 480</u>	OO 53
<u>Sumner Ms 38957</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. (____) _____	<u>SE 1/4 SE 1/4 Sec 24 T25N R02W</u>
	Distance Direction Nearest Town
	<u>1</u> Miles <u>S</u> of <u>Vance, Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30 hp</u>
Date Pump Installed: <u>6-23-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1300</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-23-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>3.5</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1300</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

Will Young  
 Signature of Pump Installer