

6W42129

County: Tallahatchie
 Permit #: GW - 42129
 Driller: Will Young
 Date drilling completed: 7/24/07

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: D114
 Well #: K 103
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Frank Melton</u> Mailing Address: <u>174 Melton Road</u> <u>Route 2 Box 48</u> <u>Tutwiler, MS 38963</u> City State Zip Code Telephone No. <u>(662) 375-4068</u></p>	<p>Well or Borehole Location</p> <p>Latitude: 31° 02' 43" <u>30° 11' 54"</u> Longitude: 90° 14' 49" <u>90° 14' 49"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS NW, NE Sec <u>9</u> Twn <u>24N</u> Rng <u>1E</u> Distance Direction Nearest Town <u>10</u> Miles <u>East</u> of <u>Weld, MS</u></p>
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Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: 105 Hole diameter: 16"

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

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) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 105 Well grouted to a depth of All feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From _____ feet to _____ 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

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BY: OLWR

6W42129

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: Tallahatchie
 Permit #: GW - 42129
 Driller: Will Young
 Date completed: 7/25/07
Copy information from block on Part 1

For Office Use Only:
 Aquifer: D114
 Well #: ~~K-103~~
 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>Frank Melton</u>	Latitude: 34° 02' 43" Longitude: 90° 11' 54" <u>34 04 11</u> <u>90 14 49</u>
Mailing Address: <u>174 Melton Road</u> <u>Route 2 Box 48</u> <u>Tutwiler, MS 38963</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____ ____ ¼ ____ ¼ Sec ____ T ____ R
Telephone No. <u>(662) 378-4068</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

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>7/25/07</u>			Setting Depth: <u>60'</u> feet		
Rated Pump Capacity: _____ Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/25/07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</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: _____ 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.

Joel Jumper 0368 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B RECEIVED

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