

County: Tallahatchie  
 Permit #: GW-452157  
 Driller: Clarence McMurray  
 Date drilling completed: 7-13-11

**State Well Report**  
**Part I - 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)961-5220 (fax)

**For Office Use Only:**  
 Aquifer: E 72  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the licensee 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>Frank Yerger</u>	Latitude: <u>34° 00' 00.20"</u> Longitude: <u>90° 12' 10.17"</u>
Mailing Address: <u>924 Turnberry Court</u>	Method of Lat/Long (circle one) Conventional Survey _____ USGS quad. <u>Hand-held GPS</u> Survey-grade GPS <u>/</u>
<u>Oxford MS 38655</u> City State Zip Code	<u>SW 1/4</u> Sec <u>28</u> Twn <u>25N</u> Rng <u>01E</u>
Telephone No. <u>(662) 627-7246</u>	Distance: <u>8.4</u> Miles Direction: <u>West</u> of Nearest Town: <u>Charleston</u> <u>#1400</u>

**Well / Borehole Data**

Date drilling started: 7-13-11 Date drilling completed: 7-13-11 Hole depth: 130' Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby 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) N/A

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

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

Well depth: 128' Well grouted in a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix \_\_\_\_\_

Casing length: 90' feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40' 38" feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 250 inches Setting depth: From 90 feet to 128 feet

Type of completion (circle all applicable): Gravel packed Underdrained Telescoped Open hole Natural Development  
 Other (describe) \_\_\_\_\_

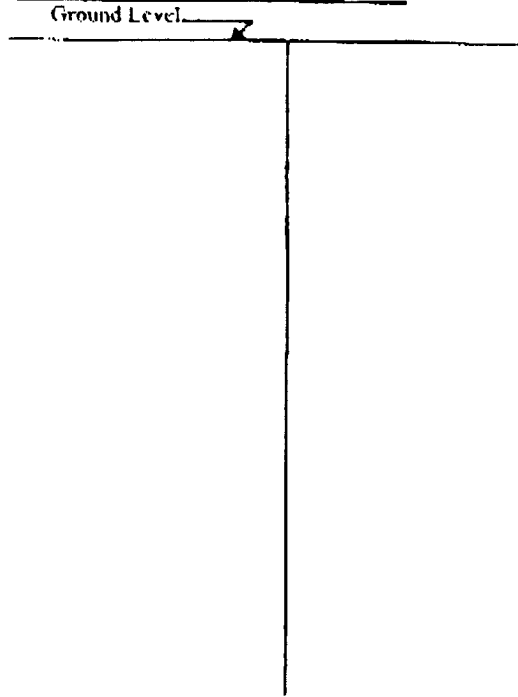
Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

*Well Only*

E72

The sketch below only required for water wells

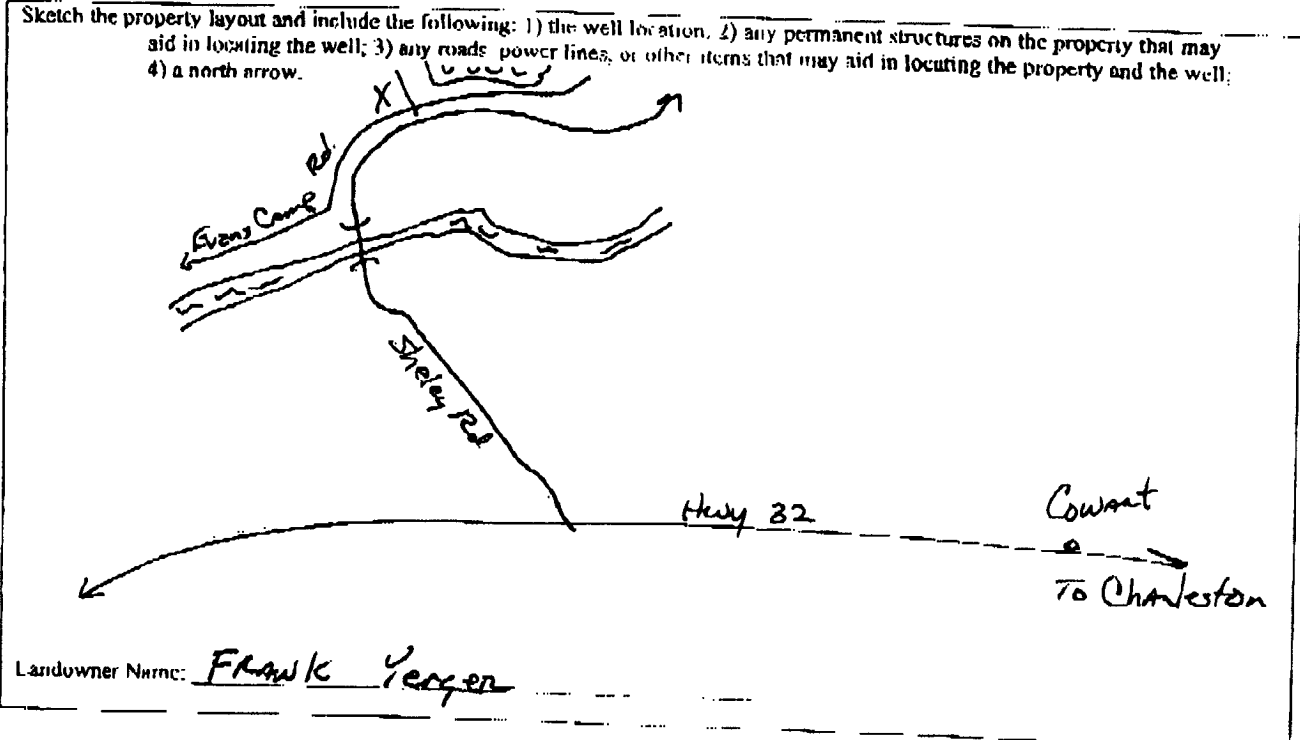
If well telescopes, show depths on sketch.



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)
Clay & Fine Sand	Ground Level	18
Clay	18	43
Fine Clay w/ Sand	43	45
Clay	45	67
Fine Sand	67	86
Medium Coarse Sand & gravel	86	130

If more than one screen, show location of each on sketch



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  
Print Name of Responsible Licensee and License No.

Date

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)

For Office Use Only:	
Aquifer: _____	
Well #: <u>E 72</u>	
Elevation: _____	

County: <u>Tallahatchie</u>
Permit #: <u>GW-45215</u>
Driller: <u>MED SOUTH WATER</u>
Date completed: <u>7-13-11</u>
<i>Copy information from block on Part 1</i>

*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 VERGER</u>	Latitude: <u>31° 00' 668"</u> Longitude: <u>90° 12' 8.71"</u>
Mailing Address: <u>924 TURNBERRY COURT</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Oxford, MS 38655</u>	USGS quad <input type="checkbox"/> , Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 28 T 25N R 1E</u>
Telephone No. <u>(662) 647-7400</u>	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>W</u> of <u>CHARLESTON</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u><del>30</del> 15</u>
Date Pump Installed: <u>7-22-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ 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): _____ hours	

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

<u>DAVID P. HOLT 0-752P</u>	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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AUG 19 2011

BY: OLWR

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