

State Well Report

Part 1 - Driller's Log

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: Tallahatchie
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 7-23-11

For Office Use Only:

Aquifer: L 115
Well #: _____
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tommy Noble</u>	Latitude: <u>33° 57' 40" N</u> Longitude: <u>090° 07' 59" W</u>
Mailing Address: <u>99 Byars Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>2A</u> <u>35</u>
<u>Charleston MS 38921</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 SE</u> Sec <u>7</u> TwN <u>24N</u> Rng <u>2E</u>
Telephone No. <u>(662) 625-3175</u>	Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>Charleston</u>
	<u>99 Byars Rd.</u>

Well / Borehole Data

Date drilling started: 7-23-11 Date drilling completed: 7-23-11 Hole depth: 100' Hole diameter: 6 1/2"

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: Chlorine tablets

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: 18 feet above or (below) (circle one) land surface Date measured: 7-24-11

Method of Measurement (circle one) steel tape electric tape air line other: rope + weight

Well depth: 100' Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .016 inches Setting depth: From 0 feet to 100 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: -0- feet. *If telescoped or more than one screen, describe on next page*

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

RECEIVED

AUG 12 2011

BY: OLWR

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 #: L115
Elevation: _____

County: Tallahatchie
Permit #: _____
Driller: Willie Bryant
Date completed: 7-24-11
Copy 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	Well Location
Owner Name: <u>Tommy Noble</u>	Latitude: <u>33° 57.40' N</u> Longitude: <u>090° 07.59' W</u>
Mailing Address: <u>99 Byars Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ <u>Hand-held GPS</u> _____, Survey-grade GPS _____
<u>Charleston ms 38921</u>	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>7</u> T <u>24N</u> R <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 625-3175</u>	<u>4</u> Miles <u>SW</u> of <u>Charleston</u>

Pump Type	Power Type
Air Lift	Diesel Engine
Circle one	Circle one
Jet	Gasoline Engine
<u>Submersible</u>	Natural Gas
Bucket	<u>Electric Motor</u>
Piston	Hand
Turbine	Tractor PTO
Centrifugal	Windmill
Rotary	Other (specify): _____
Flowing Well	Horse Power Rating of Motor: <u>5</u>
Other (specify): _____	Setting Depth: <u>60</u> feet
Date Pump Installed: <u>7-24-11</u>	Number of Stages: <u>12</u>
Rated Pump Capacity: <u>90</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>7-24-11</u>	Circle one
Static Water Level (A): <u>18</u> Feet Below Land Surface	Air Line
Pumping Water Level (B): <u>23</u> Feet Below Land Surface	Electric Measuring Line
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Steel Tape
Test Pumping Rate: <u>101</u> Gallons Per Minute	Other (specify): <u>Rope + weight</u>
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	For flowing well, measured shut in head: _____ feet
	Well yielded <u>101</u> GPM with a drawdown of
	<u>5</u> feet after <u>4</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Willie L Bryant 0-639 Willie L Bryant
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWF-10 (REV) RECEIVED
AUG 12 2011
BY: OLWR