

State Well Report

Part I - 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)

County: Tallahatchie
Permit #: 44231
Driller: Will Young
Date drilling completed: 4-12-10

For Office Use Only:
Aquifer:
Well #: L117
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)
Owner Name: Jonny Goodwin
Mailing Address: P.O. Box 423
Charleston MS 38921
City State Zip Code
Telephone No.:

Well or Borehole Location
Latitude: 33° 58.53" Longitude: 90° 06.19"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NE 1/4 Sec 5 Twp 24N Rng 2E
Distance Direction Nearest Town
1 Miles W of Charleston

Well / Borehole Data
Date drilling started: 4-12-10 Date drilling completed: 4-12-10 Hole depth: 96' Hole diameter: 24"
Location of the source of any surface water used for drilling: Local 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 [checked] Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe): N/A
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 [checked] Fish Culture Other
If a flowing well, method of flow regulation: Valve Other (describe): N/A
Static Water Level: 24 feet above or below (circle one) land surface Date measured: 4-13-10
Method of Measurement (circle one) steel tape [checked] electric tape air line other:
Well depth: 96 Well grouted to a depth of feet Type of grout (circle one): Near Cement Bentonite [checked] Mix
Casing length: 56 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 0 feet to 96 feet
Type of completion (circle all applicable): Gravel packed [checked] Underreamed Telescoped Open hole Natural Development
Other (describe): N/A
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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Tallahatchie
Permit #: 44231
Driller: Will Young
Date completed: 4-13-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: L117
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>Johanny Goodwin</u>	Latitude: <u>33 58 53</u> Longitude: <u>90 06 19</u>
Mailing Address: _____ _____	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS ² _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE ¼ NE ¼ Sec 5 T 24 N R 2 E</u>
Telephone No. (____) _____	Distance _____ Direction: <u>W</u> Nearest Town: <u>Charleston</u>

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: _____
Date Pump Installed: <u>4-13</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-13</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>39</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>1800</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 UNR-1995 Will Young
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-18

JUL 25 2011
BY: OLWR