

**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)

For Office Use Only:

County: Tallahatchie
Permit #: GW-45630
Driller: Irrigation Equipment
Date drilling completed: 04/27/12

Aquifer: _____
Well #: N 105
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>T.C. Bufford</u>	Latitude: <u>33 ° 49 ' 32 "</u> Longitude: <u>90 ° 22 ' 37 "</u>
Mailing Address: <u>436 Sturdivant Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Glendora</u> <u>Ms</u> <u>38928</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>26</u> Twn <u>23N</u> Rng <u>2W</u>
Telephone No. () -	Distance Direction Nearest Town
	<u>4</u> Miles <u>West</u> of <u>Glendora</u>

Well / Borehole Data

Date drilling started: 04/27/2012 Date drilling completed: 04/27/2012 Hole depth: 119 Hole diameter: 24"
Location of the source of any surface water used for drilling: Surface Water
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
Logs run (check 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 flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet above or below (check one) land surface Date measured: _____
Method of Measurement (check one) steel tape electric tape air line other: _____
Well depth: 119 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix
Casing length: 79 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 80 feet to 119 feet
Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): Circle S Irrigation will set pump
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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MAY 09 2012
BY: OLWR

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

Ground level _____

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	42
Fine Sand	43	49
Fine Sand & Gravel	50	55
Medium Sand & Gravel	56	119

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

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Landowner Name: T.C. Bufford

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

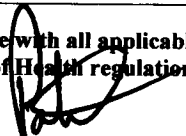
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick Chism **0695**

Print Name of Responsible Licensee and License No.

04/30/2012

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)

County: TALLAHATCHEE
 Permit #: GW-45630
 Driller: IRRIGATION EQUIPMENT
 Date completed: 4-27-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N105
 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.

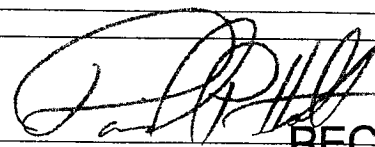
Well Owner Information	Well Location
Owner Name: <u>GRAHAM FLAUNT</u>	Latitude: <u>33° 49' 31.52"</u> Longitude: <u>90° 22' 37.62"</u>
Mailing Address: <u>P.O. BOX 130</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Sumner, MS 38957</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 26 T 23N R 2W</u>
Telephone No. <u>(602) 515-6810</u>	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>GLENORA</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: <u>80</u>
Date Pump Installed: <u>5-2-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</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 Electric Measuring Line Steel Tape
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.

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



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 MAY 18 2012

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