

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:

Aquifer _____
 Well #. N 112
 I S Elevation: _____
 E-log #: _____

County: Tallahatchie
 Permit #: GW-46802
 Driller: Cloene McMurry
 Date drilling completed: 11-8-12

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>Madison Timber Company</u>	Latitude: <u>33° 51' 30"</u> Longitude: <u>90° 26' 16"</u>
Mailing Address: <u>P.O. Box 1381</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Madison</u> State: <u>MS</u> Zip Code: <u>39130</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No: <u>(601) 942-0369</u>	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>18</u> Twn <u>23 N</u> Rng <u>02 W</u>
	SE Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 11-8-12 Date drilling completed: 11-8-12 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: well about 600' away

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: 45' feet above or below (circle one) land surface Date measured: 11-19-12

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

Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .030 inches Setting depth: From 65 feet to 125' 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: 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well # N112
 Elevation: _____

County: Leflore
 Permit #: GW-46802
 Driller: John Rybolt IV
 Date completed: 11-19-12
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>Madison Timber Company</u>		Latitude: <u>33° 51' 30"</u>	Longitude: <u>90° 26' 16"</u>
Mailing Address: <u>P.O. Box 1381</u>		Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>	
		USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>	
	<u>Madison MS 39130</u>	<u>NW 1/4 SE 1/4 Sec 18 T 23N R 02W</u>	
Telephone No. <u>(601) 912-0365</u>	City State Zip Code	Distance _____ Miles	Direction _____ of _____
			Nearest Town _____

Pump Type		Power Type		
Circle one		Circle one		
Air Lift <input type="checkbox"/>	Jet <input type="checkbox"/>	Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Piston <input type="checkbox"/>	<u>Turbine</u> <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>	
Centrifugal <input type="checkbox"/>	Rotary <input type="checkbox"/>	Flowing Well <input type="checkbox"/>	Electric Motor <input type="checkbox"/>	Hand <input type="checkbox"/>
Other (specify): _____			Tractor PTO <input type="checkbox"/>	Other (specify): <u>Gear Drive</u>
Date Pump Installed: <u>11-19-12</u>			Windmill <input type="checkbox"/>	Horse Power Rating of Motor: <u>60</u>
Rated Pump Capacity: _____ Gallons Per Minute			Setting Depth: <u>70</u> feet	Number of Stages: <u>1</u>

Pump Test Data		Method of Measuring Water Level	
Circle one		Circle one	
Date Well Tested: <u>NOT TESTED</u>		Air Line <input type="checkbox"/>	<u>Electric Measuring line</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface		Steel Tape <input type="checkbox"/>	
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface		For flowing well, measured shut in head: <u>N/A</u> feet	
Test Pumping Rate: <u>N/A</u> Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours			

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.

Clayton Miller 0-703 Print Name of Pump Installer and License No. (if applicable) Clayton Miller Signature of Pump Installer