

### State Well Report Part 1 - 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: TIPPON  
 Permit #: 565  
 Driller: Wesley D. Cox - Tom Cox  
 Date drilling completed: 6-8-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C34  
 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.*

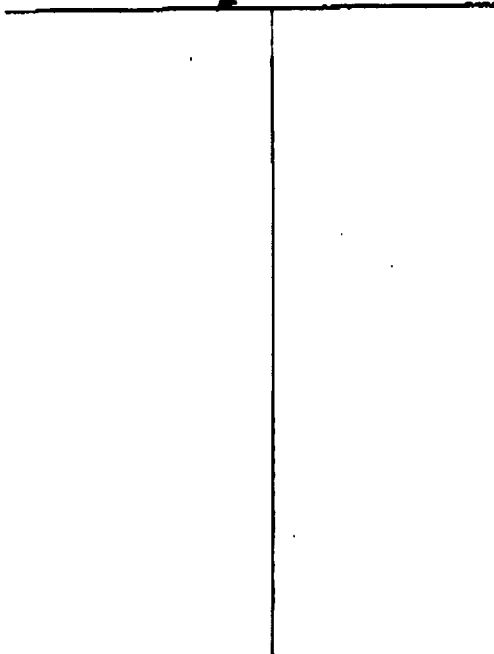
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Joe Miller</u> Mailing Address: <u>1282 BEYBROOK DRIVE</u> <u>COOPERVILLE</u> <u>Tennessee 38017</u> City State Zip Code Telephone No. <u>(901) 230-3043</u>	Latitude: <u>34° 55' 41"</u> Longitude: <u>89° 00' 32"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 28 Twn 8<sup>25</sup> Rng 3E</u> Distance Direction Nearest Town <u>2</u> Miles <u>5</u> of <u>HWY 72</u> <u>EAST OF CANNON - WEST OF WILCOX</u>
Well / Borehole Data	
Date drilling started: <u>6-8-12</u> Date drilling completed: <u>6-8-12</u> Hole depth: <u>97</u> Hole diameter: <u>6"</u> Location of the source of any surface water used for drilling: <u>Public Supply</u> Method of dosing and volume of Chlorine used in drilling and development: <u>60 ppm - 1/2 gal</u> Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <u>If drilling is not related to water well construction, skip the remainder of this block</u>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>6-8-12</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>PVC Pipe</u> Well depth: <u>97'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mbr Casing length: <u>97<sup>87</sup></u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.010</u> inches Setting depth: From <u>87</u> feet to <u>97</u> feet Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>NA</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

C34

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

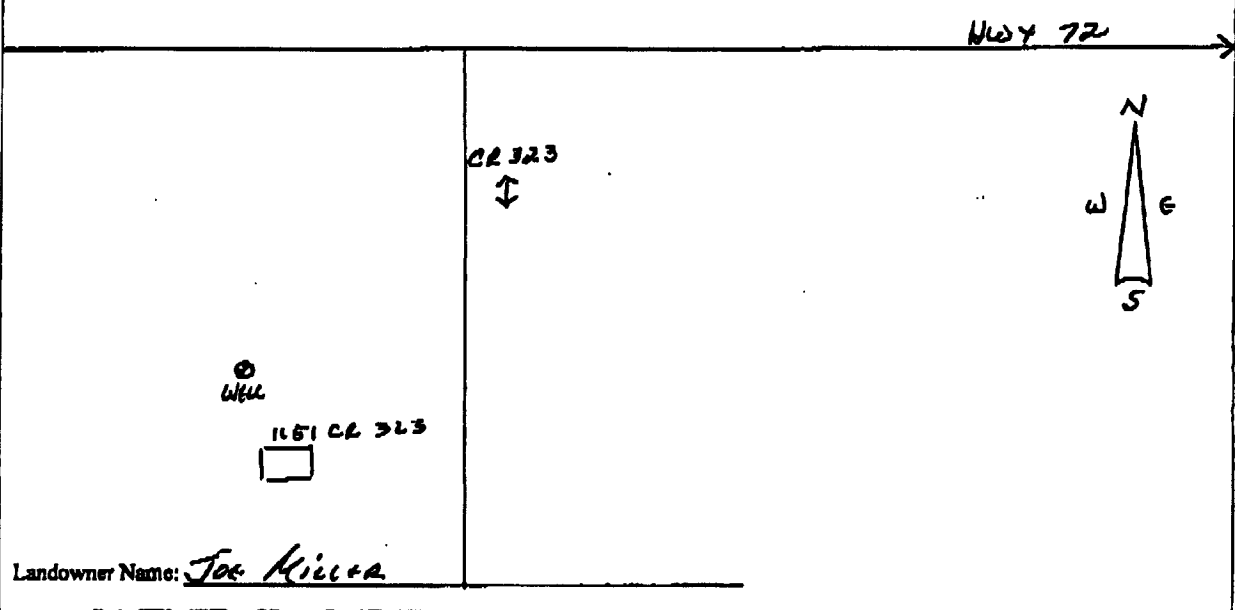
If well telescopes, show depths on sketch.  
Ground Level \_\_\_\_\_



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Red Clay	15	15
SAND	20	20
SAND	40	60
SAND	60	80
SAND	80	97

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.



Form: OLWR-SWR-1A

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.

Rodney D. Wilson 0-418 6/8/12  
Print Name of Responsible Licensee and License No. Date

Rodney D. Wilson  
Signature of Licensee

### STATE WELL REPORT

County: TIPPON  
 Permit #: 565  
 Driller: WESLEY WEAVER - JOHN CAR  
 Date completed: 6-8-12  
*Copy information from block on Part 1*

**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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C34  
 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>Joe Miller</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1282 Baywood Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>COVINGTON</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>MISSISSIPPI</u> <u>38017</u>	<u>NE 1/4 NW 1/4 Sec 28 T 8 S R 3E</u> ✓
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 230-3043</u>	<u>2 Miles S of Hwy 72</u> <u>EAST OF CANNON - WEST OF WAGNER</u>

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

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

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

NA - OWNER INSTALLER NA - OWNER INSTALLER  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer