

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: _____
Aquifer: L7C
E-Log #: _____

County: Tishomingo
Permit #: _____
Driller: Thomas Rossi (0509)
Date drilling completed: 6-28-12

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Wayne Coleman</u>	Latitude: <u>34°32'20.13"</u> Longitude: <u>-88°10'13.454"</u> <u>20</u> <u>13</u>
Mailing Address: <u>330 CR 993</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Belmont MS 38827 City State Zip Code	<u>SW</u> <u>SW</u> <u>8</u> <u>1/4</u> <u>W</u> <u>1/4</u> , Sec <u>20</u> <u>T</u> <u>6S</u> <u>R</u> <u>11E</u>
Telephone No. (662) <u>454-9209</u>	<u>6</u> Miles <u>NE</u> of <u>Belmont</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>6-25-12</u> Date drilling completed: <u>6-28-12</u> Hole depth: <u>150</u> Hole diameter: <u>4"</u>	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <u>XXX</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): Water Well <u>XXX</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home <u>XXX</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100</u> feet [above or below <u>XXX</u>] land surface Date measured: _____ (circle one)	
Method of measurement (circle one): Steel tape <u>XXX</u> Electric tape Air line Other (describe): _____	
Well depth: <u>150</u> Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement <u>XXX</u> Bentonite Mix	
Casing length: <u>140</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC 4"</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC 4"</u>	
Screen slot size: <u>013</u> inches Setting depth: From <u>140</u> feet to <u>150</u> feet	
Type of completion (circle all applicable): Gravel packed <u>XXX</u> Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>	

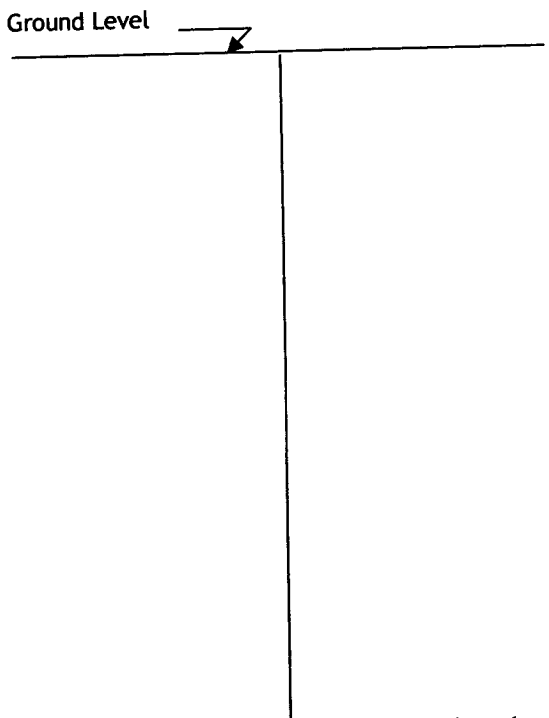
RECEIVED
MAY 20 2013
BY: OLWR

County: _____
 Permit #: _____

For Office Use Only:
 Well #: L70

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Sandy Clay	0	14
Rock	14	17
White Gravel and Clay	17	20
White Clay	20	30
Rock	30	33
White Clay	33	37
Rock	37	40
Sand and Gravel	40	45
Rock	45	46
Clay	46	60
Clay	60	80
Clay	80	100
Clay	100	120
Clay	120	128
Rock	128	132
Sand and Gravel	132	140
Sand and Gravel	140	150

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) north arrow

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 BY: OLWR

Landowner Name: Wayne Coleman

I HEREBY 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.

Thomas Rossi #0509 05-13-2013
 Print Name of Responsible Licensee and License No. 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: L70
 Aquifer: _____

County: Tishomingo
 Permit #: _____
 Driller: Thomas Rossi 0509
 Date completed: 6-28-12
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>Wayne Coleman</u>	Latitude: <u>34°32'20.13"</u> Longitude: <u>-88° .10'13.454"</u>
Mailing Address: <u>330 CR 993</u>	Method of Lat/Long (check one): Conventional Survey <u>XXX</u> ,
	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Belmont _____ MS _____ 38827 _____	<u> S </u> $\frac{1}{4}$ <u> W </u> $\frac{1}{4}$, Sec <u> 20 </u> T <u> 6S </u> R <u> 11E </u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
Telephone No. (<u>662</u>) <u>454-9209</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible XXX Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: _____ Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric XXX Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 HP Setting Depth: 140 feet Number of Stages: 18

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (circle one): Steel tape XXX Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 10 GPM with a drawdown of 6 feet after 24 hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: RECEIVED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ MAY 30 2013

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement BY: OLWR

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Thomas Rossi _____ 0509 _____ 05-13-2013 _____

Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer _____