

County: Warren  
 Permit #: GW-45166  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 6-10-11

**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: B 79  
 Well #:  
 L. S. Elevation:  
 B-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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location                                      |
|--|--|
| Owner Name: <u>Michael Brown</u>   | Latitude: <u>32° 31' 31.2"</u> Longitude: <u>90° 48' 44.7"</u> |
| Mailing Address: <u>13133 Hwy 61 N.</u>                                      | Method of Lat/Long (circle one): Conventional Survey,          |
| <u>Redwood</u> <u>Ms.</u> <u>39156</u>                                       | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS             |
| City State Zip Code  | <u>NE 1/4 SE 1/4 Sec 21</u> <u>Twn 18N</u> <u>Rng 4E</u>       |
| Telephone No. ( )  | Distance Direction Nearest Town<br>Miles of <u>Redwood</u>     |

**Well / Borehole Data**

Date drilling started: 6-10-11 Date drilling completed: 6-10-11 Hole depth: 120 Hole diameter: 20"

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 (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: Pivot

If a flowing well, method of flow regulation: Valve  Other (describe):

Static Water Level: 6 feet above or (below) (circle one) land surface Date measured: 6-14-11

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 81 feet to 120 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →

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

B79

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay                                  | Ground Level | 33         |
| Fine Sand                             | 34           | 39         |
| Fine Sand + Gravel                    | 40           | 49         |
| Medium Sand + Gravel                  | 50           | 74         |
| Fine Sand + Gravel                    | 75           | 97         |
| Medium Sand + Gravel                  | 98           | 118        |
| Clay                                  | 119          | 120        |
|                                       |              |            |
|                                       |              |            |
| Screen .050                           |              |            |
| (56 - 75) 20'                         |              |            |
|                                       |              |            |
| (76 - 100) Blanked                    |              |            |
|                                       |              |            |
| (101 - 120) 20'                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
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|                                       |              |            |
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|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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.

Landowner Name: Michael Brown

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 M. Chism    0695

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

County: Warren  
 Permit #: GW-45166  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-10-11  
*Copy information from block on Part 1*

# 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 #: B79  
 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 this Department at the above address within 30 days of well completion.*

| Well Owner Information                  | Well Location   |
|---|---|
| Owner Name: <u>Michael Brown</u>        | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>13133 Hwy 61 N.</u> | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>Redwood Ms. 39156</u>                | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code                     | <u>NE 1/4 SE 1/4 Sec 21 T18N R 4E</u>   |
| Telephone No. ( ) _____                 | Distance _____ Miles Direction _____ of <u>Redwood</u> Nearest Town                         |

| Pump Type   | Power Type  |
|---|---|
| Circle one  | Circle one  |
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>                    |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>                      | <b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input checked="" type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>            | Windmill <input type="checkbox"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>40</u>  |
| Date Pump Installed: <u>6-14-11</u>   | Setting Depth: <u>70</u> feet   |
| Rated Pump Capacity: _____ Gallons Per Minute   | Number of Stages: <u>2</u>  |

| Pump Test Data   | Method of Measuring Water Level  |
|--|--|
| Date Well Tested: _____                                | Circle one   |
| Static Water Level (A): _____ Feet Below Land Surface  | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Pumping Water Level (B): _____ Feet Below Land Surface | Other (specify): _____   |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface    | For flowing well, measured shut in head: _____ feet  |
| Test Pumping Rate: _____ Gallons Per Minute            | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping                                      |
| Duration of Pump Test (minimum 4 hours): _____ 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.  
 Patrick M. Chism 0695  
 Print Name of Pump Installer and License No. (if applicable)      Pat Signature of Pump Installer