

County: Wayne
 Permit #: 0205
 Driller: GILBERT CARL
 Date drilling completed: 11-12-12
9

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)

For Office Use Only:
 Aquifer: _____
 Well #: N 201
 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>CHRIS BLACKLEGE</u>	Latitude: <u>31° 36' 38" N</u> Longitude: <u>88° 40' 05" W</u>
Mailing Address: <u>HWY 63 SOUTH</u> <u>WAYNESBURG MS</u> <u>393677</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad: <u>35</u> Sec <u>35</u> ✓ Twn <u>8N</u> ✓ Rng <u>7W</u>
Telephone No. <u>(601) 381 0568</u>	Distance: <u>5</u> Miles Direction: <u>SOUTH</u> of <u>Waynesburg</u>

Well / Borehole Data

Date drilling started: 11-9-12 Date drilling completed: 11-10-12 Hole depth: 130' Hole diameter: 4"

Location of the source of any surface water used for drilling: 108 COPELAND RD. BUCKATUNGA

Method of dosing and volume of Chlorine used in drilling and development: 4002 HTA PER 1000 GAL
USCO 2000 GAL

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

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

Well depth: 130' Well grouted to a depth of 20' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC SLOT

Screen slot size: #10 inches Setting depth: From 120' feet to 130' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): SANDPACK

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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STATE WELL REPORT

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)

County: <u>Wayne</u>
Permit #: <u>0205</u>
Driller: <u>GILBERT CARR</u>
Date completed: <u>11-10-12</u>
Case information from Part 1

For Office Use Only:
Aquifer: _____
Well #: <u>N201</u>
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 submitted and filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>CHRIS BLACKLEDGE</u> Mailing Address: <u>HWY 63 SOUTH</u> <u>WAYNESBURG MS</u> <u>39367</u> City State Zip Code Telephone No. <u>(662) 381 0568</u>	Latitude: <u>N 31.36.634</u> Longitude: <u>W 088 40 081</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SW 1/4 SE 1/4 Sec 35 T 8N R 7W</u> Distance Direction Nearest Town <u>5 Miles SOUTH of WAYNESBURG</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="checkbox"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-12-12</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute <u>27</u>	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1HP</u> Setting Depth: <u>100'</u> feet Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-12-12</u> Static Water Level (A): <u>55</u> Feet Below Land Surface Pumping Water Level (B): <u>100</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface Test Pumping Rate: <u>27</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4.54</u> hours	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Gilbert Carr 0205
 Print Name of Pump Installer and License No. (if applicable)

Gilbert Carr
 Signature of Pump Installer

Form: OLWR-SWR-1B

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