

#1

Country: Wayne  
 Permit #: 205  
 Driller: GILBERT CARL  
 Date drilling completed: 11-23-12

**State Well Report**  
**Part I - 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: T 100  
 Well #: \_\_\_\_\_  
 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.

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>RYAN McLEA</u>          Mailing Address: <u>68 McLEA FARM</u>  <u>BUCKATUNNA MS 39322</u>          City State Zip Code          Telephone No. <u>601 410 4612</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 33' 24"</u> Longitude: <u>088° 32' 52"</u>          Method of Lat/Long (circle one): <u>IS</u> Conventional Survey          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW</u> <u>SW</u> <u>SW</u> Sec. <u>24</u> Twn <u>7N</u> Rng <u>6W</u>          SW SE          Distance Direction Nearest Town  <u>1</u> Miles <u>WEST</u> of <u>BUCKATUNNA</u></p>
---	---

**Well / Borehole Data**

Date drilling started: 11-23-12 Date drilling completed: 11-23-12 Hole depth: 110 Hole diameter: 4"

Location of the source of any surface water used for drilling: 108 COPLELAND RD.  
 Method of dosing and volume of Chlorine used in drilling and development: 402 THY Per 1000 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: POUNTRY HOUSE FARM

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

Static Water Level: 21' foot above or below (circle one) land surface Date measured: 11-23-12

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

Well depth: 110' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 100' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: #10 inches Setting depth: From 95 feet to 105 feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development \_\_\_\_\_  
 Other (describe): SAND PACK

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

Form OLWR-SWR-1A

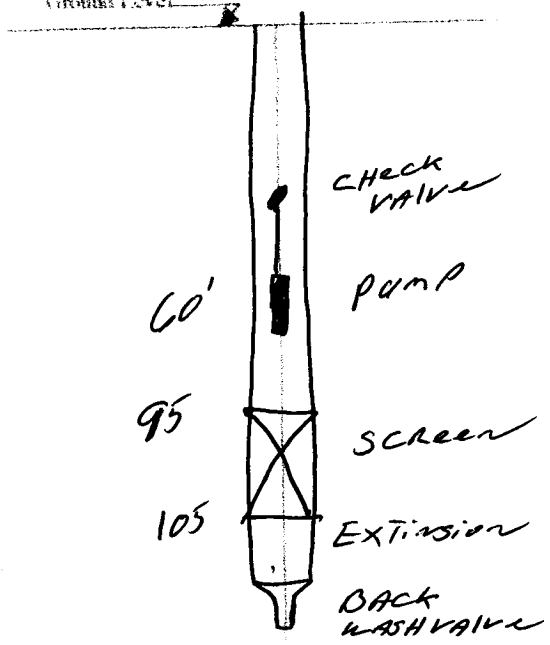
RECEIVED  
 FEB 07 2013  
 BY: OLWR

T100

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)
TOP SOIL	0	2
BROWN CLAY	2	6
FINE SAND	6	22
COURSE SAND	22	28
WHITE CHALK	28	62
FIN SAND	62	90
MED SAND	90	95
COURSE SAND	95	105
MED SAND	105	100

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

FROM 45 IN BUCKATUNNA TURN WEST ON  
BCCRO. GO 1 MILE TO M'CAA FARM RD. ON RT.

Landowner Name: RYAN M'CAA

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.

Print Name of Responsible Licensee and License No. Date

Gilbert Carr  
Signature of Licensee

RECEIVED

FEB 07 2013

BY: C.W.H.

# 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)

T 100

County: Wayne  
 Permit #: 205  
 Driller: GILBERT CARL  
 Date completed: 1-23-13  
 Copy information from block on Part 1

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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 reports 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>RYAN M'CAA</u>	Latitude: <u>31.33246</u>	Longitude: <u>088.32527</u>	
Mailing Address: <u>68 M'CAA FARM RD</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey		
<u>BUCKATUNNA MS 39322</u>	USGS quad: <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS		
City State Zip Code	<u>SE. SW. Sec 24 T7N R6W</u>		
Telephone No: <u>601 410 4612</u>	Distance: <u>1</u> Miles	Direction: <u>WEST</u>	Nearest Town: <u>BUCKATUNNA</u>

Pump Type			Power Type		
Circle one			Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Factor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>2 HP.</u>		
Date Pump Installed: <u>12-13-12</u>			Setting Depth: <u>60'</u> feet		
Rated Pump Capacity: <u>35</u> Gallons Per Minute			Number of Stages: <u>7</u>		

Pump Test Data		Method of Measuring Water Level	
Circle one		Circle one	
Date Well Tested: <u>1-23-13</u>		Air Line	Electric Measuring Line
Static Water Level (A): <u>21</u> feet <input checked="" type="radio"/> Below Land Surface		Other (specify): _____	
Pumping Water Level (B): <u>60</u> feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Drawdown [(B) - (A)]: <u>39'</u> feet Below Land Surface		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Test Pumping Rate: <u>65</u> Gallons Per Minute			
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

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

Gilbert Carl (Print Name of Pump Installer and License No. (if applicable))  
Gilbert Carl (Signature of Pump Installer)

Form: OLWR-SWR-1B

RECEIVED  
 FEB 07 2013  
 BY: OLWR