

2

County: Wayne
 Permit #: 205
 Driller: GILBERT CARR
 Date drilling completed: 11-17-12

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: T 101
 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.

Information on Well Owner (Indicate if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Rick Anderson</u>		Latitude: <u>31.34.39</u> ¹⁸ Longitude: <u>88.32.52</u> ⁵²	
Mailing Address: <u>Buckatanna M. Hwy RD</u> <u>Buckatanna MS 39322</u>		Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____	SW <input type="checkbox"/> NE <input type="checkbox"/> Sec. 13 <input checked="" type="checkbox"/> Twn <u>7N</u> <input checked="" type="checkbox"/> Rng <u>6W</u> NW <input type="checkbox"/> SW <input type="checkbox"/>		
Telephone No. <u>601 410 4922</u>	Distance: <u>1</u> Miles	Direction: <u>NORTH</u>	Nearest Town: <u>Buckatanna</u>

Well / Borehole Data

Date drilling started: 11-17-12 Date drilling completed: 11-17-12 Hole depth: 90' Hole diameter: 4"

Location of the source of any surface water used for drilling: Buckatanna Water System
 Method of dosing and volume of Chlorine used in drilling and development: _____

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: POULTRY

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

Static Water Level: 21' feet above or below (circle one) land surface Date measured: 11-17-12

Method of Measurement (circle one): level type electric tap air line other: _____

Well depth: 90 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80' feet Casing diameter: 8 1/4" 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 80 feet to 90 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

RECEIVED

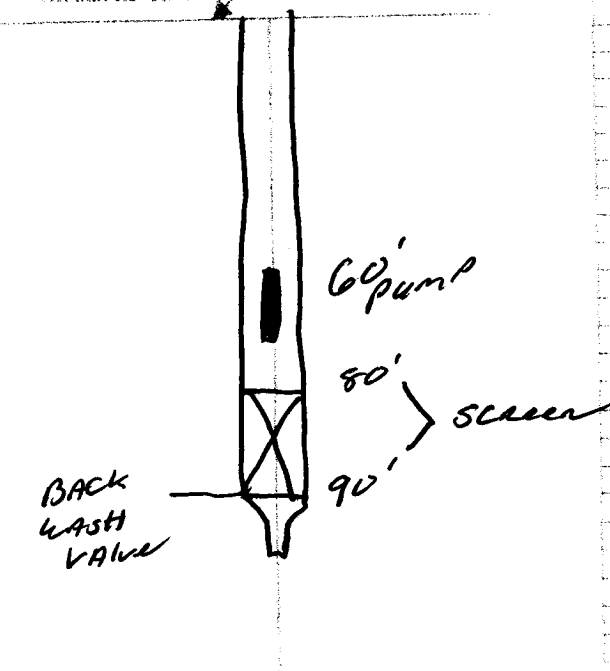
JAN 23 2013

BY: OLWR

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	0	5
Brown Sand	5	14
White Sand	14	24
Grey Clay	24	60
Fine/med sand	60	78
Coarse Sand	78	90

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

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.

GILBERT CARR
Print Name of Responsible Licensee and License No.

Date

Gilbert Carr
Signature of Licensee

RECEIVED

JAN 23 2013

BY: OLWR

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: Wayne
 Permit #: 205
 Driller: GILBERT CARR
 Date completed: 1-3-13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: T101
 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>Rick Anderson</u>	Latitude: <u>31 34 309</u> Longitude: <u>88 32 872</u>
Mailing Address: <u>Buckatanna Millway</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Buckatanna MS 39322</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 NE 1/4 Sec 13 T7N R 6W</u>
Telephone No. <u>(601) 410 4922</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>north</u> of <u>Buckatanna</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>12-6-12</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
Date Well Tested: <u>1-3-13</u> <u>HAD ELE.</u>	Air Line _____ Electric Measuring Line _____ <u>Well Tape</u>
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>69</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>48</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>50 GPM</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 Carr _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: **RECEIVED**
 JAN 23 2013
 BY: OLWR