

#1

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: T102
Well #: _____
L.S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: 205
Driller: GILBERT CARR
Date drilling completed: 11-16-12

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.

Information on Well Owner (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Rick ANDERSON</u>		Latitude: <u>31.34.28^N</u> Longitude: <u>88.32.87^W</u>	
Mailing Address: <u>BUCKATUNNA MILLY RD</u> <u>BUCKATUNNA MS 39322</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
City: _____ State: _____ Zip Code: _____	SW <u>1/4</u> NE <u>1/4</u> Sec. <u>13</u> Twn <u>7N</u> Rng <u>6W</u>		Distance: <u>1</u> Miles Direction: <u>NORTH</u> of Nearest Town: <u>BUCKATUNNA</u>
Telephone No. <u>(601) 410 4922</u>			

Well / Borehole Data

Date drilling started: 11-16-12 Date drilling completed: 11-16-12 Hole depth: 98' Hole diameter: 4"

Location of the source of any surface water used for drilling: 108 COPPIN RD BUCKATUNNA

Method of dosing and volume of Chlorine used in drilling and development: 402 PER 1000 GAL

Log runs (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Phase of operation naming 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: 11-16-12

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

Well depth: 98' Well grouted to a depth of 10' feet Type of grout (circle one): None Cement Flyash/Cement Mix

Casing length: 88' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 4" #10 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): 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

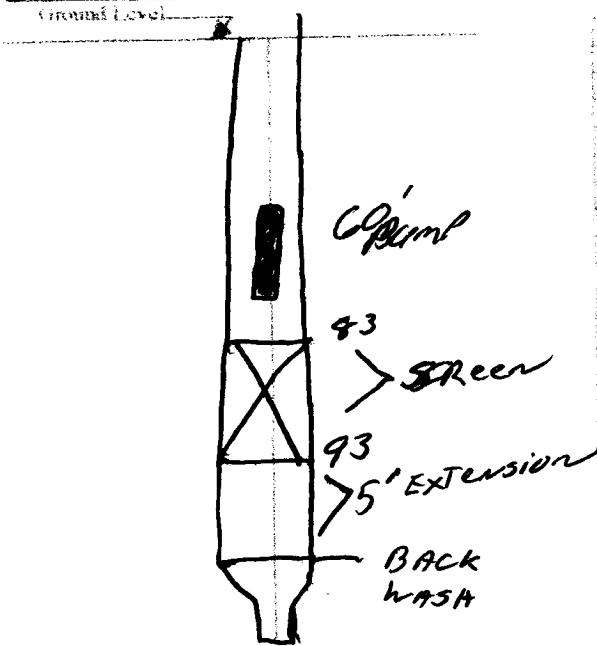
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T102

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.



Description of Formations Encountered	From depth (Ground Level)	To depth
PICCO CLAY	0	5
Brown SAND	5	13
White Fine SAND	13	26
COURSE SAND	26	28
GRAY CLAY	28	62
Fine/med white SAND	62	69
Fine SAND	69	78
Fine/med SAND	78	83
med/COURSE SAND	83	93
GRAY CLAY	93	98

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: RICK ANDERSON

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

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STATE WELL REPORT

7102

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)

For Office Use Only

Apposter _____

Well # _____

Elevation _____

County: Wayne

Permit #: 205

Driller: GILBERT CARR

Date completed: 12-6-12 set pump
1-3-13 completed

Copy information from back 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>Rick Anderson</u>	Latitude: <u>31 34 280</u> Longitude: <u>88 32 874</u>
Mailing Address: <u>Buckatanna, MS 39322</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Buckatanna MS 39322</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SW 1/4 NE 13 7N 6W</u>
Telephone No: <u>601 410 4922</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1 Miles NORTH of BUCKATANNA</u>

Pump Type <small>Circle one</small>	Power Type <small>Circle one</small>
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	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 checked="" type="checkbox"/> <u>Electric Motor</u>	Hand <input 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>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 <small>Circle one</small>
Date Well Tested: <u>62 1-3-13 HAO ELE.</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>21</u> feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>77</u> feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)]: <u>56</u> feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>62 GPM</u> Gallons Per Minute	feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.15</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 OLWR-SWR-10
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