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County: Wayne
 Permit #: 205
 Driller: GILBERT CARL
 Date drilling completed: 11-25-12

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 103
 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 (Leave blank if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>RYAN M'CAA</u>	Latitude: <u>31.33.31</u> Longitude: <u>088.32.519</u> 19
Mailing Address: <u>68 M'CAA FARM RD</u>	Method of Lat/Long (circle one): Conventional Survey
<u>BUCKATUNNA MS 39322</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	SE 1/4 SW 1/4 Sec 24 Twn 7N Rng 6W
Telephone No: <u>601 410 4612</u>	Distance Direction Nearest Town <u>1</u> Miles <u>WEST</u> of <u>BUCKATUNNA</u>

Well / Borehole Data

Date drilling started: 11-25-12 Date drilling completed: 11-25-12 Hole depth: 105 Hole diameter: 4"

Location of the source of any surface water used for drilling: 188 COPLEY RD

Method of dosing and volume of Chlorine used in drilling and development: 400 THY PER 1000

Logs run (circle all applicable): Log 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 _____

Scientific 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: ABAR

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: _____

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

Well depth: 105 Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 95 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 90' feet to 100' feet

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

Other (describe): SAND PACK

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

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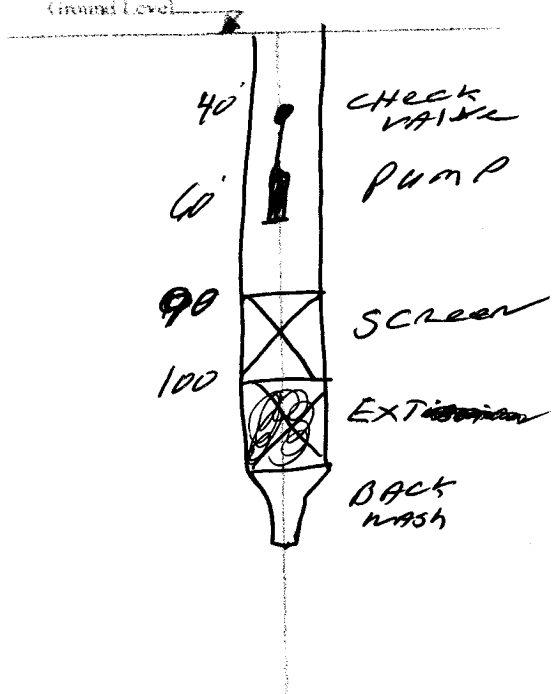
BY: OLWR

T/03

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)
TOP SOIL	0	12
BROWN CLAY	1	18
BROWN F/SAND	12	28
MEDIUM SAND	18	61
CLAY	28	90
FINE SAND	61	98
MED SAND	90	98
FINE SAND	98	105

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

TURN WEST ON BCC RD IN BECKATUNGA
GO 1 mile RT ON M^CCLAA FARM RD.

Landowner Name: RYAN M^CCLAA

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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T103

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)

For Office Use Only

Aquifer _____

Well # _____

Elevation _____

County Wayne

Permit # 205

Driller GILBERT CARR

Date completed: 1-23-13

Copy information from block 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>RYAN McCAA</u>	Latitude: <u>31.33316</u> Longitude: <u>088.32519</u>
Mailing Address: <u>68 McCAA FARM RD</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>BUCKATUNNA MS 39322</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS
City State Zip Code	Distance <u>4</u> Direction _____ Nearest Town _____
Telephone No. <u>601 410 4612</u>	<u>1</u> Miles <u>WEST</u> of <u>Buckatunna</u>

Pump Type	Power Type
Circle one	Circle one
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 type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>12-14-12</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>1-23-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet 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>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>72</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4.05</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) 205 Gilbert Carr Signature of Pump Installer

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