

#2

County: Wayne  
 Permit #: 225  
 Driller: GIBERT CARL  
 Date drilling completed: 12-24-12

**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 104  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 S-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 (Landscape if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>RYAN M'CAA</u>	Latitude: <u>31° 32' 28.17"</u> Longitude: <u>088° 32' 52.0"</u>
Mailing Address: <u>68 M'CAA FARM RD</u>	Method of Lat/Long (circle one): <u>33</u> Conventional Survey
<u>BUCKATUNNA MS 39322</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 Sec 24 Twn 7N Rng 6W</u>
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: 11-24-12 Date drilling completed: 11-24-12 Hole depth: 110 Hole diameter: 4"

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

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

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: 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: \_\_\_\_\_

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 100 feet to 110 feet

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

Other (describe): \_\_\_\_\_

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

7104

## Part 2

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

**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 \_\_\_\_\_

*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 McCLAA</u>	Latitude: <u>31 32 284</u> Longitude: <u>088 32 520</u>
Mailing Address: <u>68 McCLAA 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 _____	SE SW Sec <u>24</u> T <u>7N</u> R <u>6W</u>
Telephone No. <u>601 410 4612</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>WEST</u> of <u>BUCKATUNNA</u>

Pump Type Circle one	Power Type 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 <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</u>
Date Pump Installed: <u>12-13-12</u>	Setting Depth: _____ feet
Rated Pump Capacity <u>35</u> Gallons Per Minute	Number of Stages _____

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 checked="" type="checkbox"/> <u>Steel Tap</u>
Static Water Level (A): <u>21</u> Feet <input checked="" type="checkbox"/> Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet <input checked="" type="checkbox"/> 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 _____
Test Pumping Rate: <u>65</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 Signature of Pump Installer Gilbert Carr

Form OLWR-SWR-18  
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