

# 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)

County: WAYNE  
 Permit #: 0-205  
 Driller: GILBERT CARR  
 Date drilling completed: 8-22-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: U-95  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CHRIS MCCARY</u>	Latitude: <u>088° 30' 12"</u> Longitude: <u>31° 39' 435"</u>
Mailing Address: <u>31 ROSIE MCCARY DR</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: _____	<u>NE 1/4 SE 1/4 Sec 17 Twn 2N Rng 5W</u>
Telephone No. <u>(601) 410 5582</u>	Distance: <u>4 1/2</u> Miles Direction: <u>NNE</u> of Nearest Town: <u>BUCKATUNNA</u>
Well / Borehole Data	
Date drilling started: <u>8-22-07</u> Date drilling completed: <u>8-22-07</u> Hole depth: <u>87</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>Well WATER</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>6 OZ HTH in pit</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): <u>Home</u> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>62'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-22-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape _____ air line _____ other: _____	
Well depth: <u>108</u> Well grouted to a depth of <u>22</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite _____ Mix _____	
Casing length: <u>98</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>85/10 WRP PVC</u>	
Screen slot size: <u>8</u> inches Setting depth: From <u>98</u> feet to <u>108</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed _____ Telescoped _____ Open hole _____ <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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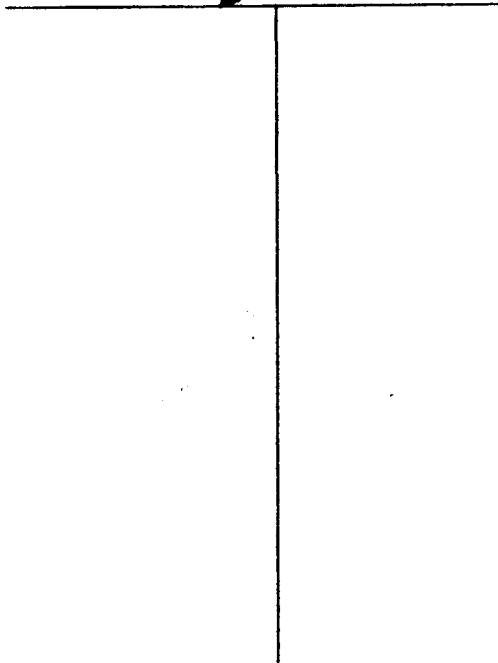
U-95

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)	To (depth)
	Ground Level	
TOP SOIL	0	2
YELLOW SANDY CLAY	2	22
WHITE CLAY	22	27
YELLOW SAND	27	38
FINE TO MED YELLOW SD	38	40
YELLOW SAND w/CLAY	40	42
BROWN SAND ROCK	42	48
PINK + WHITE CLAY	48	51
HARD YELLOW CLAY	51	58
HARD WHITE CLAY	58	96
FINE TO MED WHITE SD	96	102
MED TO COARSE WHITE SD	102	108
Note - WAS STILL IN SAND WAS TAKING TIME		

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.

HWY SOUTH TO BUCHANAN CHEVRON STA ON RIGHT TAKE LEFT APP 100 YDS LEFT ON MT ZION RD APP 2 MILES RIGHT ON JORDAN SUNRAIL RD ABOUT 2 1/2 MILES ON TO PHILL RIGHT ON BRISIE MCCARY DR WELL ON SOUTH END OF TRAILER

Landowner Name: CHRIS MCCARY

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.

ARTICE G. CARR 0.205 9-3-07

Artice G Carr

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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# 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 #: U-95  
 Elevation: \_\_\_\_\_

County: WAYNE  
 Report #: 0205  
 Diller: GILBERT CARR  
 Date completed: 8-23-07  
 Complete information provided 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 submitted and kept on file with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>CHRIS MCCARY</u>	Latitude: <u>088°32'11.2</u> Longitude: <u>31°39'43.6</u>
Mailing Address: <u>31 ROSIE MCCARY DR</u> <u>BUCKATUNNA MS 39322</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 SE 1/4 Sec 17 T7N R5W</u>
Telephone No. <u>(601) 410 5582</u>	Distance _____ Direction _____ Nearest Town _____ <u>4 1/2 Miles NNE of BUCKATUNNA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input 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"/>	Electric Motor <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): _____	House Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-23-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-23-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>6.7</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>8.18</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>8.0</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>19</u> Gallons Per Minute	<u>18</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (continuous & hourly): <u>4</u> hours	

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

Gilbert Carr 0205 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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