

County: Wilkinson  
 Permit #: 0-586  
 Driller: JAMES WELLS  
 Date drilling completed: 7-29-10

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: J 28  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Rodney Murray</u>          Mailing Address: <u>14700 Macedonia Rd.</u>  <u>Crosby MS 39633</u>          City State Zip Code          Telephone No. <u>(601) 639-4810</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 14' 53"</u> Longitude: <u>91° 07' 17"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SW 1/4 W 1/4 Sec 4 Twn 3N Rng 1E</u>          Distance <u>8</u> Miles Direction <u>W</u> of Nearest Town <u>Crosby</u></p>
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**Well / Borehole Data**

Date drilling started: 7-29-10 Date drilling completed: 7-29-10 Hole depth: 240 Hole diameter: 7 1/2

Location of the source of any surface water used for drilling: running creek  
 Method of dosing and volume of Chlorine used in drilling and development: shock

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: \_\_\_\_\_

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

Static Water Level: 150 feet above or  below (circle one) land surface Date measured: 7-29-10

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

Well depth: 240 Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 220 feet to 240 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*

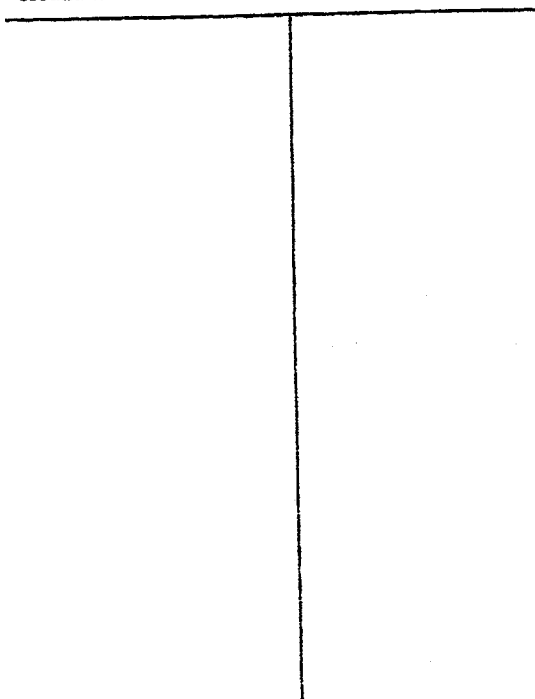
Form: OLWR-SWR-1A (04/08)

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**BY: OLWR**

If well telescopes please sketch below and show depths.

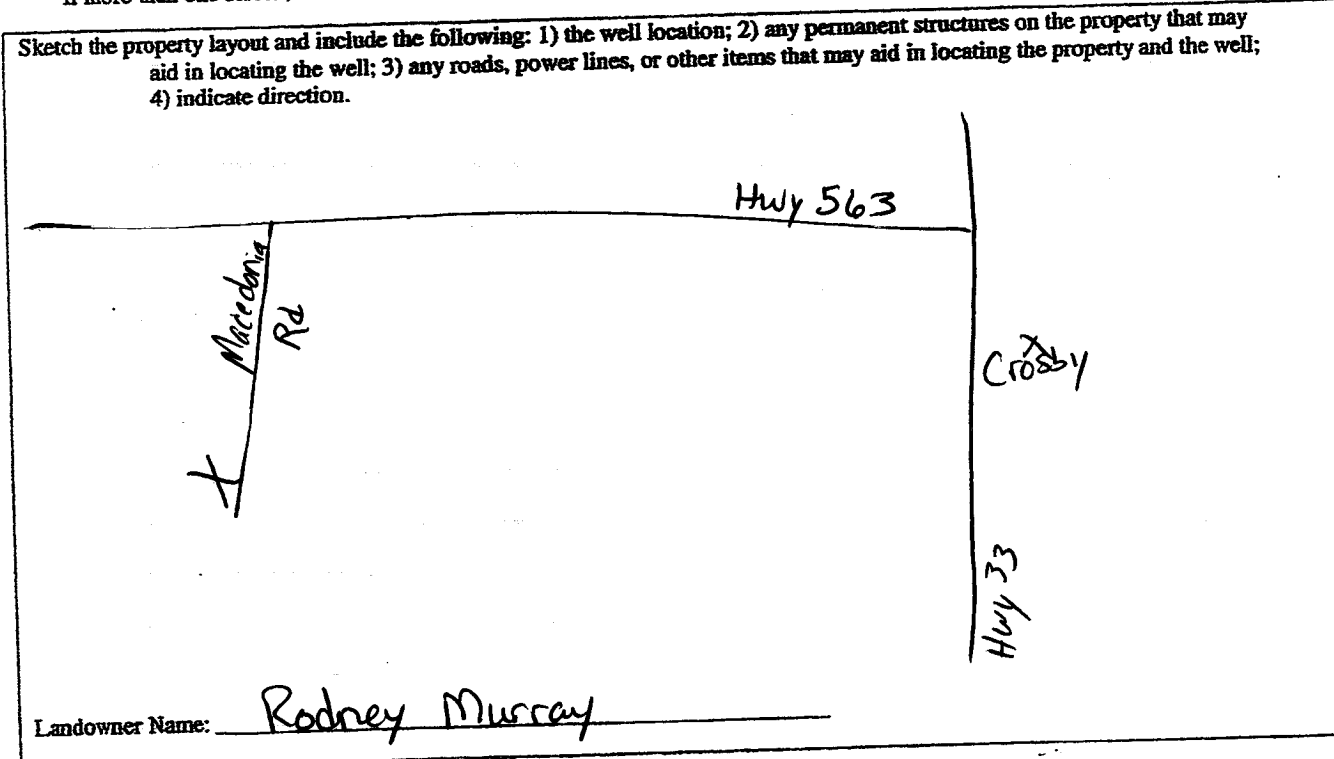
J28

Ground Level



Description of Formations Encountered	From	To
topsoil	0	1
clay	1	50
sand	50	70
clay	70	180
sand	180	240

If more than one screen, show location of each on sketch



James Wells  
Signature of Water Well Contractor

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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: J28  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date completed: 7-29-10

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Bradley Murray</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>14700 Macedonia Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Crosby MS 39633</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>3N</u> Rng <u>1E</u>
Telephone No. <u>(601) 639-4810</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>W</u> of <u>Crosby</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-29-10</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-29-10</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>150</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>157</u> Feet Below Land Surface	Well yielded <u>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	<u>7</u> feet after <u>4</u> hours of pumping
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.

JAMES WELLS 0-586  
Print Name of Pump Installer and License No. (if applicable)

James Wells  
Signature of Pump Installer

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