

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: Winston
Permit #: 0-697
Driller: Hammitt Drilling
Date drilling completed: 5-3-07

For Office Use Only:
Aquifer: _____
Well #: F-38
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>(Mike) STEVE TRIPLETT</u>	Latitude: <u>See</u> " Longitude: <u>Attached</u>
Mailing Address: <u>P.O. Box 533</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Louisville MS 39339</u>	<u>NE 1/4 NW 1/4 Sec 30 Twn 15N Rng 13E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 773-5591</u>	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 5-2-07 Date drilling completed: 5-3-07 Hole depth: 230' Hole diameter: 4"

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

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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 230 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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

GeoThermal Loops Only

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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)

County: Winston
 Permit #: 0-697
 Driller: Hammett Drilling
 Date completed: 5-3-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-38
 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>STEVE TRIPLETT</u>	Latitude: <u>SEE ATTACHED</u> Longitude: <u>SEE ATTACHED</u>
Mailing Address: _____ _____ _____	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 NW 1/4 Sec 30 T 15 N R 13 E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

RECEIVED
 Form: OLWR-SWR-1B
 MAY 14 2007

Only drilled GeoThermal

BY: OLWR

THOMSON (1911) TABLE

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THOMSON (1911) TABLE

F-38

NORTH 1297.50'(A) 1288.0'(R)

1/2" iron pin set

S 89°01'41" E

BOND ROAD 60' ROW

1/2" iron pin set

503.07'

PROPOSED DRIVEWAY

100.7'

PROPOSED 1-STORY WOOD HOUSE

42.5'

PARCEL NO. 2
14.93± AC.

SOUTH 1288.97'

1/2" iron pin set
EAST 170.00'

WEBSTER A ROAD - 40' ROW

SECTION 19, TISHA-RISE

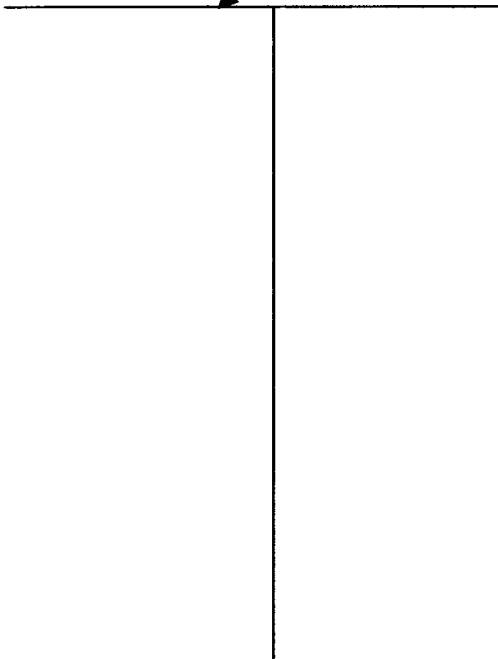
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The sketch below only required for water wells

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)
RED CLAY	Ground Level	20
MARL	21	110
MICA & SAND	111	120
CLAY	121	170
SAND	171	190
SANDY CLAY	191	210
SAND	211	230

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.

SEE ATTACHED

Landowner Name: STEVE TRIPLETI

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.

Richard E. Hammett 0-697 5-9-07

Richard E. Hammett

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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