

County: Alcorn  
 Permit #: \_\_\_\_\_  
 Driller: FROST  
 Date drilling completed: 2-5-13

**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)354-6998 (fax)

*For Office Use Only:*  
 Aquifer: H-150  
 Well #: W63  
 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.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Nelly Carter</u>	Latitude: <u>34 51 10</u>	Longitude: <u>88 27 48</u>	
Mailing Address: <u>18 CR 329 B</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey		
<u>Cornith, MS 38834</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>S6</u> x <u>S6</u> x Sec <u>33</u>	Town <u>28</u>	Range <u>9E</u>
Telephone No. ( ) _____	Distance <u>SE</u> <u>NE</u> <u>A</u> <u>35</u>	Direction	Nearest Town
	Miles	of	

**Well / Borehole Data**

Date drilling started: 2-5-13 Date drilling completed: 2-5-13 Hole depth: 100' Hole diameter: 4"

Location of the source of any surface water used for drilling: none

Method of casing and volume of Chlorine used in drilling and development: hand

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: 38 feet above or below (circle one) land surface \_\_\_\_\_  
 \_\_\_\_\_ grows to a depth of \_\_\_\_\_ feet

Casing length: 90 feet Casing diameter: 4 inches Type of grout (circle one): Neat Cement  Bentonite \_\_\_\_\_ Max

Screen length: 10 feet Screen diameter: 4 inches Type of casing: PVC

Screen slot size: 0.13 inches Type of screen: PVC

Setting depth: From 90 feet to 100 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*

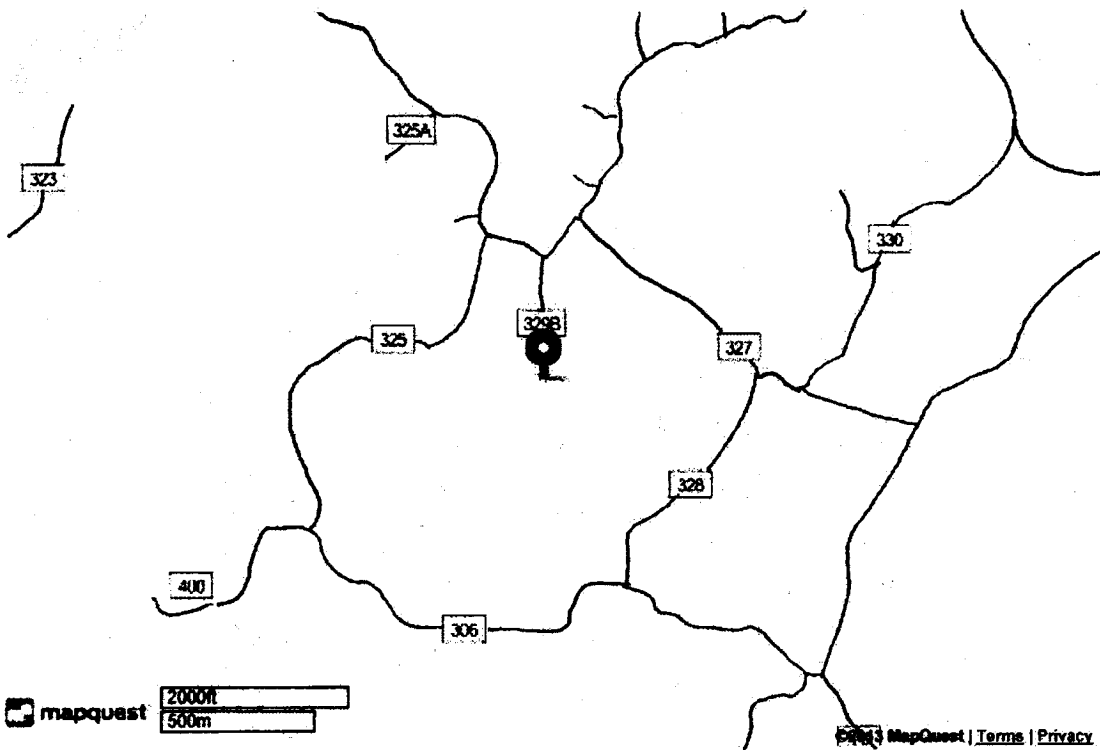
H150  
L63



Map of:  
**18 County Road 329b**  
Corinth, MS 38834-5041

Lat 34.852904  
Lon -88.457794

Notes



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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: ALCORN  
 Permit #: \_\_\_\_\_  
 Driller: FROST  
 Date completed: 2-5-13  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L63  
 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>Nelly Carter</u>	Latitude: <u>34.852904</u> Longitude: <u>88.457794</u>
Mailing Address: <u>18 CR 329B</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Cornith, MS, 38834</u>	<u>SE 1/4 NE 1/4 Sec A T 35 R 8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>2-6-13</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-6-13</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>80</u> 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: <u>12</u> 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.

Bernard Frost -0217 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer