

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)

County: Bolivar
Permit #: GW-46982
Driller: Joel Jumper
Date drilling completed: 3-16-13

For Office Use Only:
Aquifer:
Well #: A150
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)
Owner Name: B H Bass
Mailing Address: 128 Ridgecrest Lane, Clarksdale Ms 38614
Telephone No. ()
Well or Borehole Location
Latitude: 33° 59' 34" Longitude: 90° 52' 33"
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS
USGS quad, NW 1/4 SE 1/4 Sec 36 Twn 25N Rng 07W
Distance 1 Miles Direction S of Nearest Town Deason

Well / Borehole Data
Date drilling started: 3-16-13 Date drilling completed: 3-16-13 Hole depth: 120 Hole diameter: 28 in
Location of the source of any surface water used for drilling: Nearest Well
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: 18 feet above or below (circle one) land surface Date measured: 3-16-13
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .50 inches Setting depth: From 80 feet to 120 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



Dean A. Pennington, PhD
Executive Director
P. O. Box 129
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

AISC

February 20, 2013

**B H Bass
128 Ridgecrest Lane
Clarksdale MS 38614**

RE: Well Construction / Authorization to drill

Permit No: GW-46982

Dear B H Bass,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

**Location: NW1/4 of the SE1/4 Section 36 Township 25N Range 07W County Bolivar
Latitude: 33 59 34 Longitude: 90 52 33**

A copy of this notice or a water use permit must be attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report must be mail or faxed to YMD Joint Water Management District.

All applications must meet the Mississippi Department of Environmental Quality rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call YMD at 662/686-7712.

Sincerely,

**Dillard Melton Jr.
Permitting Director**

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: A150
 Aquifer: _____

County: BOLIVAR
 Permit #: GW-46982
 Driller: Joe Jumper
 Date completed: 3-16-13
Copy information from block 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 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>B H BASS</u>	Latitude: <u>33°59'34"</u> Longitude: <u>90°52'33"</u>
Mailing Address: <u>128 RIDGE CREST LANE</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CLARESDALE</u> <u>MS</u> <u>38644</u>	<u>NW</u> ¼ <u>SE</u> ¼, Sec <u>36</u> , T <u>25N</u> R _____
City State Zip Code	_____ Miles of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(602) 902-7063</u>	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9-11-13 Rated Pump Capacity: 1600 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement USED

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 100 Setting Depth: 160 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 18 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

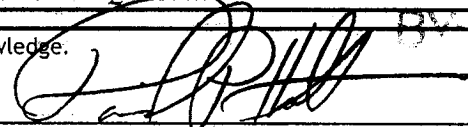
Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

DAVID P. HOLT 0-752P 10-4-13 

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

12-10-83