

10-063

State Well Report

Part I - 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-43754
Driller: Pete Sapperton
Date drilling completed: 7-15-10

For Office Use Only:
Aquifer: B178
Well #:
L. S. Elevation:
E-log #:

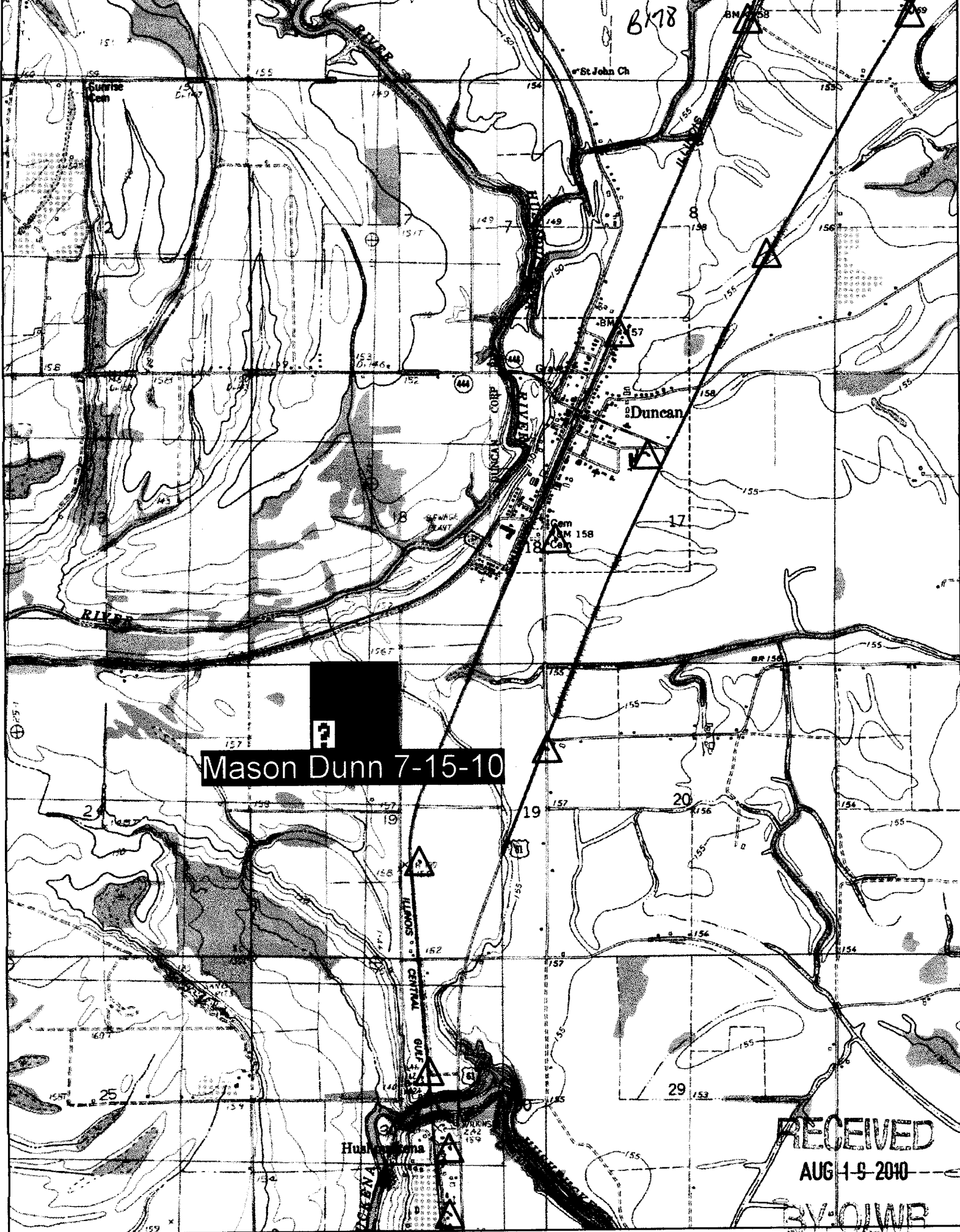
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)
Owner Name: MASON DURN
Mailing Address: 233 Gayle Dr.
Clarksdale Ms. 38614
Telephone No. 662 902-3722
Well or Borehole Location
Latitude: 34° 01' 47.3" Longitude: 90° 45' 31.2"
Method of Lat/Long (circle one): Conventional Survey, 31
USGS quad: Hand-held GPS, Survey-grade GPS
NW 1/4 NW 1/4 Sec 19 Twn 25N Rng 6W
NE Direction Nearest Town
1 Miles S of Duncan, Ms.

Well / Borehole Data
Date drilling started: 7-14 Date drilling completed: 7-15 Hole depth: 100' Hole diameter: 28"
Location of the source of any surface water used for drilling: Ditch 1/4 m west
Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite 100ppm
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: 35 feet above or below (circle one) land surface Date measured: 7-17-10
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 60 feet Casing diameter: 16" inches Type of casing: PVC sch 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC sch 40
Screen slot size: .032 inches Setting depth: From 60 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

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

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Duncan

Mason Dunn 7-15-10

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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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: 178
B179
 Well #: _____
 Elevation: _____

County: BOLIVAR
 Permit #: GW-43754
 Driller: PETE SAPPINGTON
 Date completed: 7-15-10
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>MASON DANN</u> | Latitude: <u>34° 01' 45.0"</u> Longitude: <u>90° 45' 37.9"</u> |
| Mailing Address: <u>233 GAYLE DR</u> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> |
| <u>Clarksdale MS 38844</u> | USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/> |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec 19 T25N R5W</u> |
| Telephone No. <u>(662) 902-3722</u> | Distance Direction Nearest Town <u>1.2 Miles SW of DUNKAN</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>7-27-10</u> | Setting Depth: <u>50</u> feet |
| Rated Pump Capacity: <u>1200</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>35</u> 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 |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

DAVID P. HOLT 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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