

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)

For Office Use Only:

County: Bolivar  
Permit #: GW-48183  
Driller: Joel Jumper  
Date drilling completed: 8-2-14

Aquifer: \_\_\_\_\_  
Well #: B199  
I. 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>Henny Shelter Farms</u>	Latitude: <u>34° 00' 42"</u> Longitude: <u>90° 41' 00.4"</u>
Mailing Address: <u>520 Gelston Road</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Clarksdale Ms 38604</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	NE to SE to Sec <u>29</u> Twn <u>26N</u> Rng <u>05W</u>
Telephone No. (_____) _____	Distance: <u>5</u> Miles Direction: <u>S</u> of Nearest Town: <u>Clarksdale</u>

Well / Borehole Data

Date drilling started: 8-2-14 Date drilling completed: 8-2-14 Hole depth: 112 Hole diameter: 2.5 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): replace GW08052

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 Date measured: 8-3-14

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

Well depth: 112 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 72 feet Casing diameter: 1 1/2 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 1 1/2 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 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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# 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)

County: Bolivar  
 Permit #: GW-48183  
 Driller: Joel Jumper  
 Date completed: 8-3-14  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B199  
 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>Henry Shetter Farms</u>	Latitude: <u>34-06-42.1</u> Longitude: <u>90-41-00.4</u>
Mailing Address: <u>520 Gelston Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale Ms 38614</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 21 T 26N R 05W</u>
Telephone No. ( ) _____	Distance _____ Direction <u>23</u> Nearest Town _____
	<u>5</u> Miles <u>S</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<input checked="" type="radio"/> Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <input checked="" type="radio"/> Turbine	Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600 H.P.</u>
Date Pump Installed: <u>8-3-14</u>	Setting Depth: <u>0 to 70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-3-14</u>	Air Line                      Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>38</u> feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded <u>2200</u> GPM with a drawdown of
Test Pumping Rate: <u>2200</u> Gallons Per Minute	<u>50</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Joel Jumper 5317                      Joel Jumper  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

