

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: C195  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-47393  
Driller: J. Newcome 0.773  
Date drilling completed: 5.7.14

*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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Meyer Farms LLC</u>	Latitude: <u>33° 53' 50"</u> Longitude: <u>090° 52' 30"</u>
Mailing Address: <u>3220 Lakeside Village Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Prescott AZ 86301 City State Zip Code	<u>NW 1/4 SE 1/4, Sec 25 T 24N R 07W</u>
Telephone No. (____) _____	<u>5</u> Miles <u>S.E.</u> of <u>GUNNISON</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5.7.14 Date drilling completed: 5.7.14 Hole depth: 122 Hole diameter: 24"

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
*(circle one)*

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

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: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

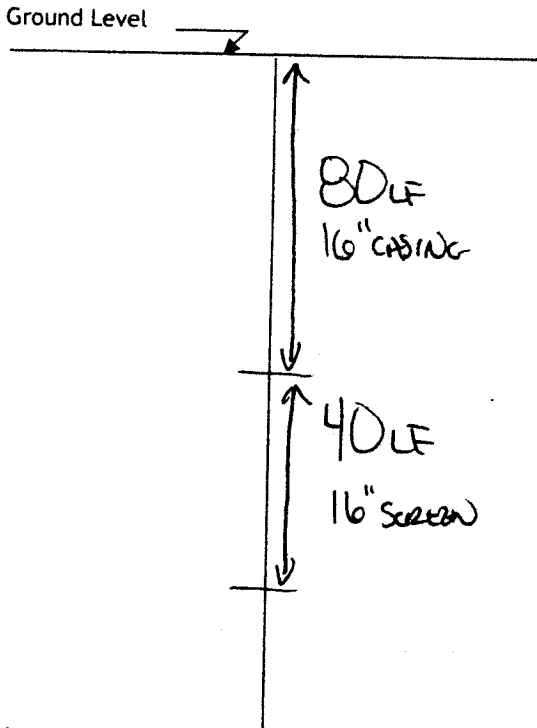
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

County: Bolivar  
 Permit #: MS-6W-47393

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*The sketch below only required for water wells  
 If well telescopes, show depths on sketch.*



If more than one screen, show location of each on sketch

*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	10
CLAY	10	40
MIX	40	50
SAND	50	55
MEDIUM	55	65
MEDIUM COARSE SAND	65	80
COARSE SAND / PEBBLES	80	120
BOTTOM	120	122

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) north arrow

SEE MAP

Landowner Name: \_\_\_\_\_

I HEREBY 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.

JOHN NEWCOME 0773  
 Print Name of Responsible Licensee and License No.

5-7-2014  
 Date

[Signature]  
 Signature of Licensee

# 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 #: C195  
Aquifer: \_\_\_\_\_

County: Bolivar  
Permit #: GW-47393  
Driller: J. Newcome O-773  
Date completed: 5/7/14  
*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>Meyer Farms LLC</u>		Latitude:	<u>33° 53' 50"</u> Longitude: <u>90° 52' 30"</u>
Mailing Address:	<u>3220 Lakeside Village Drive</u>		Method of Lat/Long (check one):	Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Prescott</u>	<u>AZ</u>	<u>86301</u>	<u>NW 1/4 SE 1/4, Sec 25 T 24N R 07W</u>	<u>S</u> Miles <u>SE</u> of <u>Gunnison</u> (Distance) (Direction) (Nearest Town)
City	State	Zip Code		
Telephone No. ( ) _____				

**Pump Type (circle one)**  
Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 5/8/14 Rated Pump Capacity: 2500 Gallons Per Minute  
Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**  
Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 60HP Setting Depth: 70 feet Number of Stages: 1

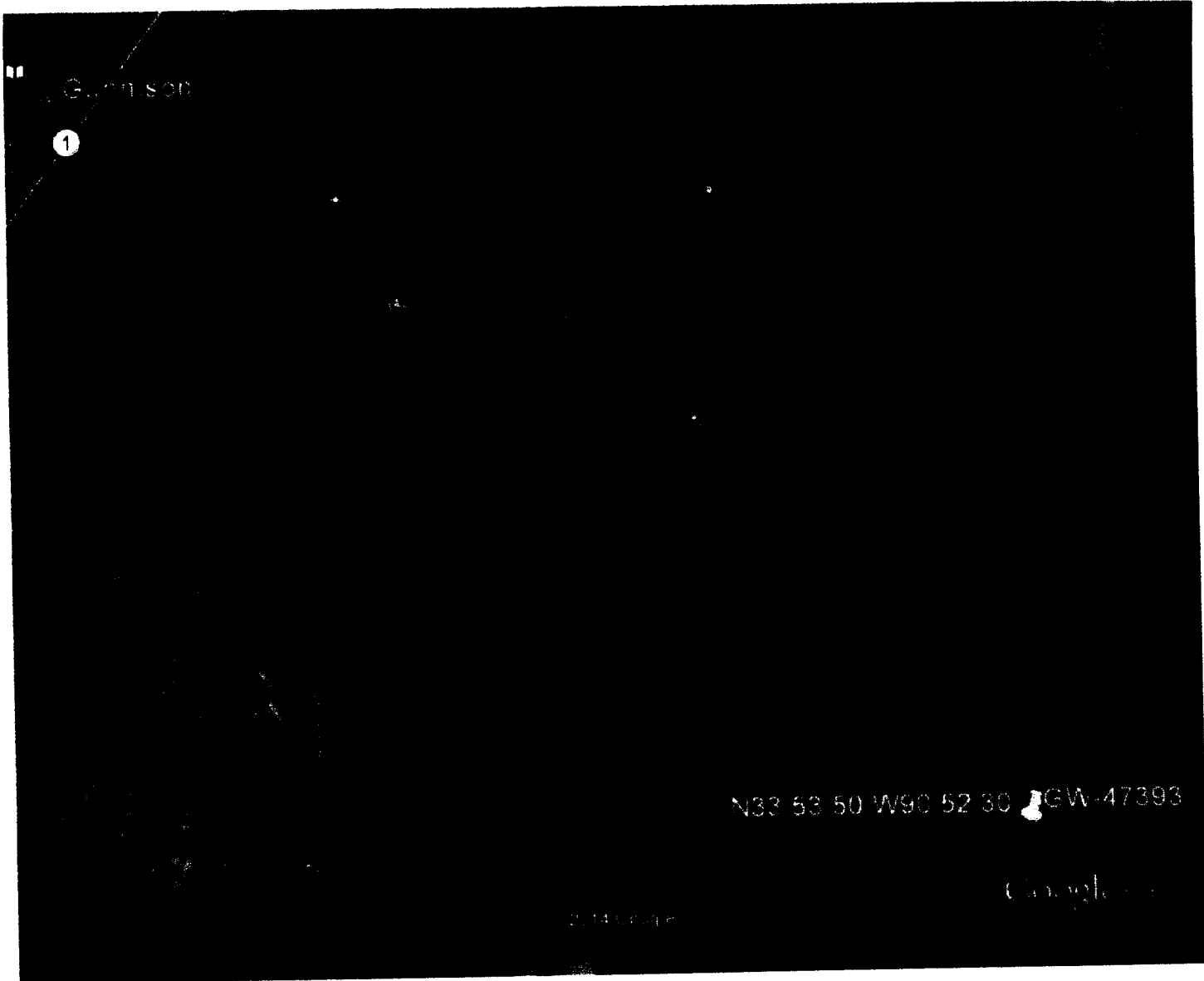
**Pump Test Data for Non Flowing Well**  
Date Well Tested: Not Tested Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hour  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface 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 Not Tested  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: No Meter 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  
**Important: By submitting the above information you are certifying that this meter was installed to manufacturer standard. 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.

Hubbard Stephens 7411-P 5/16/14 Hubbard Stephens  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
Form: OLWR-SWR-1B



Google earth

