

### 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-463891  
 Driller: Clarence McMurry  
 Date drilling completed 7-6-12

For (Office Use Only):  
 Aquifer: \_\_\_\_\_  
 Well #. E194  
 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)	Well or Borehole Location
Owner Name <u>Joyce Pitts</u>	Latitude: <u>33° 56' 02"</u> Longitude: <u>90° 13' 55"</u>
Mailing Address: <u>696 Casinger Drwy Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Mount Zion MS 38762</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 16 Twn 24 N Rng 05 W</u>
Telephone No. <u>(262) 719-0474</u>	Distance _____ Miles Direction _____ of Nearest Town _____
	<u>#1630 well #2</u>

**Well / Borehole Data**

Date drilling started: 7-6-12 Date drilling completed: 7-6-12 Hole depth: 125' Hole diameter: 22"

Location of the source of any surface water used for drilling: nearby ditch

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) N/A

Static Water Level: 44 feet above or ~~below~~ (circle one) land surface Date measured: 7-7-12

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

Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Benionite Mix

Casing length: 85 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 85 feet to 125 feet

Type of completion (circle all applicable): ~~Travel packed~~ Underreamed Telescoped Open hole Natural Development

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

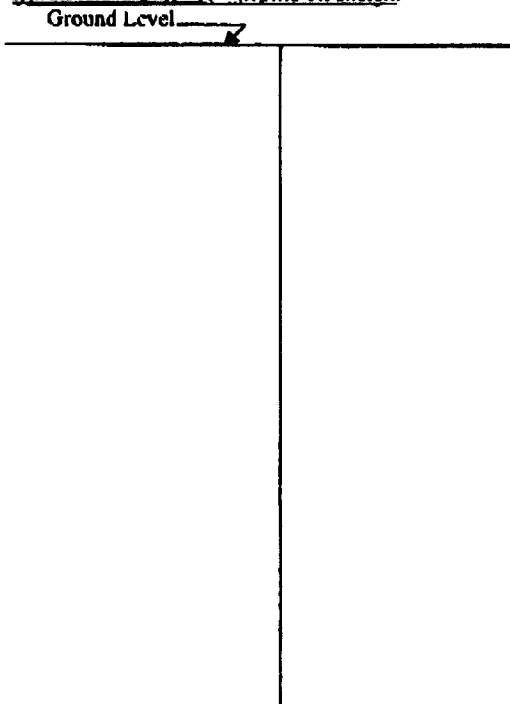
Top of lap pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*

E194

The sketch below only required for water wells

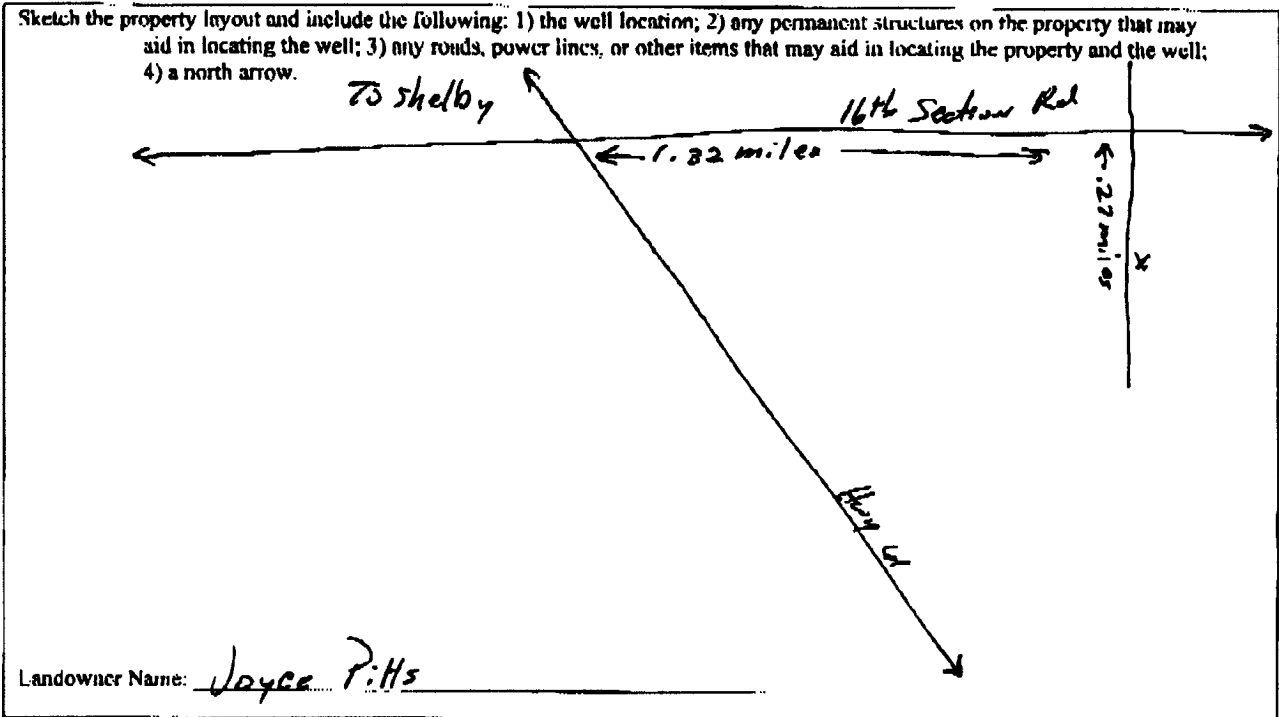
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top Soil Sand	Ground Level	11
Medium Sand : pea gravel	11	49
Medium coarse : pea gravel	49	79
Coarse Sand : pea gravel	79	91
Medium Sand	91	97
Medium Sand : gravel	97	109
Coarse Sand : gravel	109	125

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



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

I 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.

Clayton Miller 0-703 7-12-12 Clayton Miller  
 Print Name of Responsible Licensee and License No.      Date      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  
 (601)961-5210  
 (601)961-5228 (fax)

County Bolivar  
 Permit # SW-46385  
 Driller: Michael Wells  
 Date completed: 7-7-12  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer \_\_\_\_\_  
 Well #: E194  
 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>Joyce Pitts</u>	Latitude: <u>33° 56' 02"</u> Longitude: <u>90° 43' 35"</u>
Mailing Address: <u>696 Garinger Dorsey Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mount Zion MS 38762</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(662) 719-0174</u>	Distance _____ Direction _____ Nearest Town _____ Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <del>Submersible</del>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<del>Electric Motor</del> <input type="checkbox"/> Hand <input type="checkbox"/> tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7-7-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <del>Electric Measuring Line</del> <input checked="" type="checkbox"/> Steel Pipe <input type="checkbox"/>
Static Water Level (A): <u>49</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

This is for (circle one):  **New Well**  Replacement of Existing Pump  Repair of Existing Pump

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

Clayton Miller 0-243 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer