

# 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 #: H224  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: 66-49488 J  
Driller: J. Newcome 0-773  
Date drilling completed: 7/15

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Hackberry Farms</u>	Latitude: <u>33.51.50</u> Longitude: <u>90.42.36</u>
Mailing Address: <u>616 Smith Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Cleveland</u> MS <u>38732</u>	<u>N1/4 NW 1/4, Sec 10 T23N R05W</u>
City State Zip Code	<u>2</u> Miles <u>NE</u> of <u>Merigold</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7/15</u> Date drilling completed: <u>7/15</u> Hole depth: <u>123</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: <u>Ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Tablets</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="radio"/> Irrigation <input type="radio"/> 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: _____ <small>(circle one)</small>
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: <u>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> Natural Development
Other (describe): _____
Top of tap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

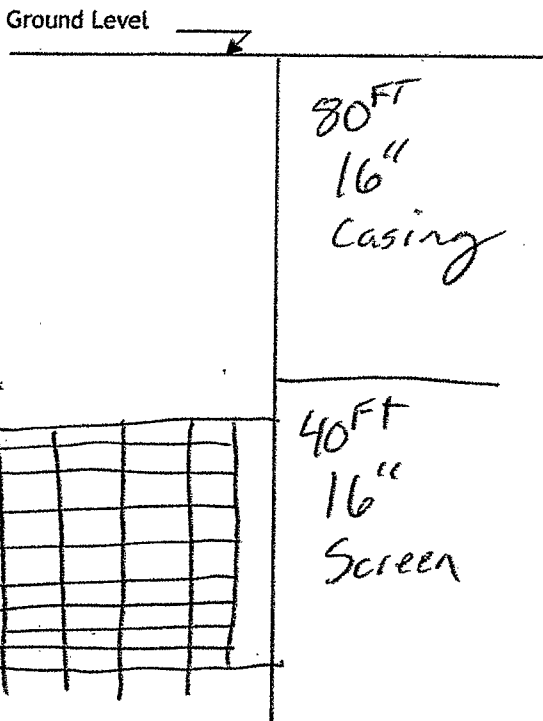
County: Bolivar  
Permit #: \_\_\_\_\_

**For Office Use Only:**  
Well #: 14224

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	Ground level	10
Clay	10	55
Fine Sand	55	75
Coarse Sand	75	120
Bottom	120	123

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

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 0-773 9.2.16 [Signature]  
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 #: GW-49488  
 Driller: J. Newome 0-773  
 Date completed: 7/15  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H224  
 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>Hackberry Farms</u>	Latitude: <u>33.51.50</u> Longitude: <u>90.42.36</u>
Mailing Address: <u>616 Smith Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 10 T 23N R 05W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2 Miles NE of Merigold</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	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"/>	<b>Electric Motor</b> <input checked="" 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> <b>RECEIVED</b>
Date Pump Installed: <u>7/16/16</u>	Setting Depth: <u>80</u> <b>MAR 16 2017</b>
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>Not Tested</u> Feet Below Land Surface	Other (specify): <u>Not tested</u>
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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ 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.

Hubbard Stephens 741-P Hubbard Stephens  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



Google earth



RECEIVED

MAR 16 2017

BY