

Hilliard P14
State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: R 209
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: BOLIVAR
Permit #: GW44067
Driller: J. NEWCOME 0-773
Date drilling completed: 4-5-10

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Hilliard Plantation</u>	Latitude: <u>33° 32' 00"</u> Longitude: <u>091° 03' 58"</u>
Mailing Address: <u>85 Mellon Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Survey-grade GPS
<u>Greenwille, MS 38703</u>	USGS quad, <u>hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>31</u> Twn <u>20N</u> Rng <u>8W</u>
Telephone No. () _____	Distance <u>SE</u> Direction <u>W</u> Nearest Town <u>LAMONT</u>
	<u>.5</u> Miles of _____

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-5-10 Date well drilling completed: 4-5-10

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 1050 inches Setting depth: From 50-60 feet to 70-100 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 back of page

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

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

John Newcome
Signature of Water Well Contractor

RECEIVED
MAY 17 2010
BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Bolivar
 Permit #: GW44067
 Driller: J. Newcome 0-713
 Date completed: 4/5/10

For Office Use Only:

Aquifer: R209
 Well #: _____
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Hilliard Plantation</u>	Latitude: <u>33° 32.00</u> Longitude: <u>091° 03.58</u>
Mailing Address: <u>85 Mellon Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Greenwille, MS 38703</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 31 Twn 20N Rng 8W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>.5</u> Miles <u>W</u> of <u>Lamont</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>4/6/10</u>	Horse Power Rating of Motor: <u>600</u>
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Setting Depth: <u>70</u> feet
	Number of Stages: <u>1</u>

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

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

Comp Rowe 0-711P
 Print Name of Pump installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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 MAY 17 2010
 BY: OLWP