

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-45411
Driller: J. NEWCOME 0773
Date drilling completed: 2-22-2012

For Office Use Only:
Aquifer: R 219
Well #: _____
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>Parkinson JR, John R and Patricia R. Jr</u>	Latitude: <u>33° 36' 16"</u> Longitude: <u>90° 58' 43"</u>
Mailing Address: <u>P.O. Box 59</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Benoit</u> MS <u>38725</u>	<u>3W 1/4 SE 1/4 Sec 01</u> ✓ TwN <u>20N</u> Rng <u>08W</u>
City State Zip Code	Distance Direction Nearest Town <u>3.5</u> Miles <u>SW</u> of <u>BENOIT</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 2-22-2012 Date drilling completed: 2-22-12 Hole depth: 127 Hole diameter: 20"

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

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

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 Cemen Bentonite Mix

Casing length: 85 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 855 feet to 75 105 feet to 125

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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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: GW-45411
 Driller: J. Newcome
 Date completed: 2/22/12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: R219
 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>Riley</u> <u>Parkinson Jr, John R + Patricia</u>	Latitude: <u>33 36 16</u> Longitude: <u>090 58 43</u>
Mailing Address: <u>PO Box 59</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Benoit, MS 38725</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 01 T 20N R 08W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Benoit</u>

Pump Type	Power Type
Air Lift Jet Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>3/5/12</u> Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Circle one <input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Flowing Well
	Circle one Diesel Engine <input checked="" type="radio"/> Electric Motor Windmill Horse Power Rating of Motor: <u>25hp</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
	Gasoline Engine Hand Other (specify): _____ Natural Gas Tractor PTO

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one 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	

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.

Comp. Rowe 0-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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GW-40526