

Job # 9525

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: Coahoma
Permit #: GW44027
Driller: Pete Sappington
Date drilling completed: 12-21-09

For Office Use Only:
Aquifer: A 34
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)
Owner Name: John Mchead
Mailing Address: 1180 Mchead Rd.
Lula, Ms. 38644
Telephone No. (662) 337-2828
Well or Borehole Location
Latitude: 34° 25' 58.54" Longitude: 90° 30' 50.36"
Method of Lat/Long (circle one): Hand-held GPS
USGS quad, NE 1/4 NW 1/4 Sec 33 Twn 30N Rng 3W
Distance 2.5 Miles Direction SW of Lula

Well / Borehole Data
Date drilling started: 12-21 Date drilling completed: 12-21 Hole depth: 104' Hole diameter: 28"
Location of the source of any surface water used for drilling: Canal 1/4 mi north of well
Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo-Chlorite @ 10 ppm
Logs run (circle all applicable): No fog 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: 22' feet above or below (circle one) land surface Date measured: 12-22-09
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 104' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix
Casing length: 64' feet Casing diameter: 16 inches Type of casing: PVC sch 40
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC sch 40
Screen slot size: .032 inches Setting depth: From 64 feet to 104 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 next page

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

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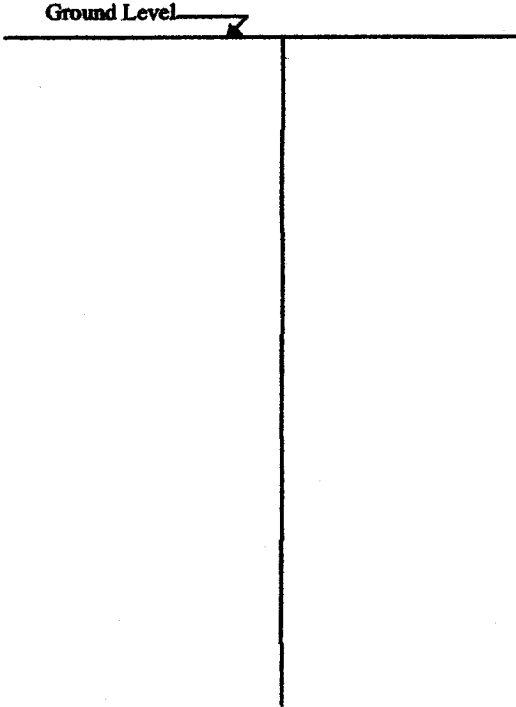
JAN 19 2010

BY: OLWR

A 34

The sketch below only required for water wells

If well telescopes, show depths 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) Ground Level	To (depth)
Clay	0	40
Clay + Fine Sand	40	60
Coarse Sand + Gravel	60	104

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) a north arrow.

See Attached

Landowner Name: John Mc head

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.

Pete Sappington 0430      12-22-09

Print Name of Responsible Licensee and License No.

Date

*[Handwritten Signature]*

Signature of Licensee

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A34

090° 32' 00.00" W

090° 31' 00.00" W

090° 30' 00.00" W

034° 27' 00.00" N

034° 27' 00.00" N

034° 26' 00.00" N

034° 26' 00.00" N

034° 25' 00.00" N

034° 25' 00.00" N

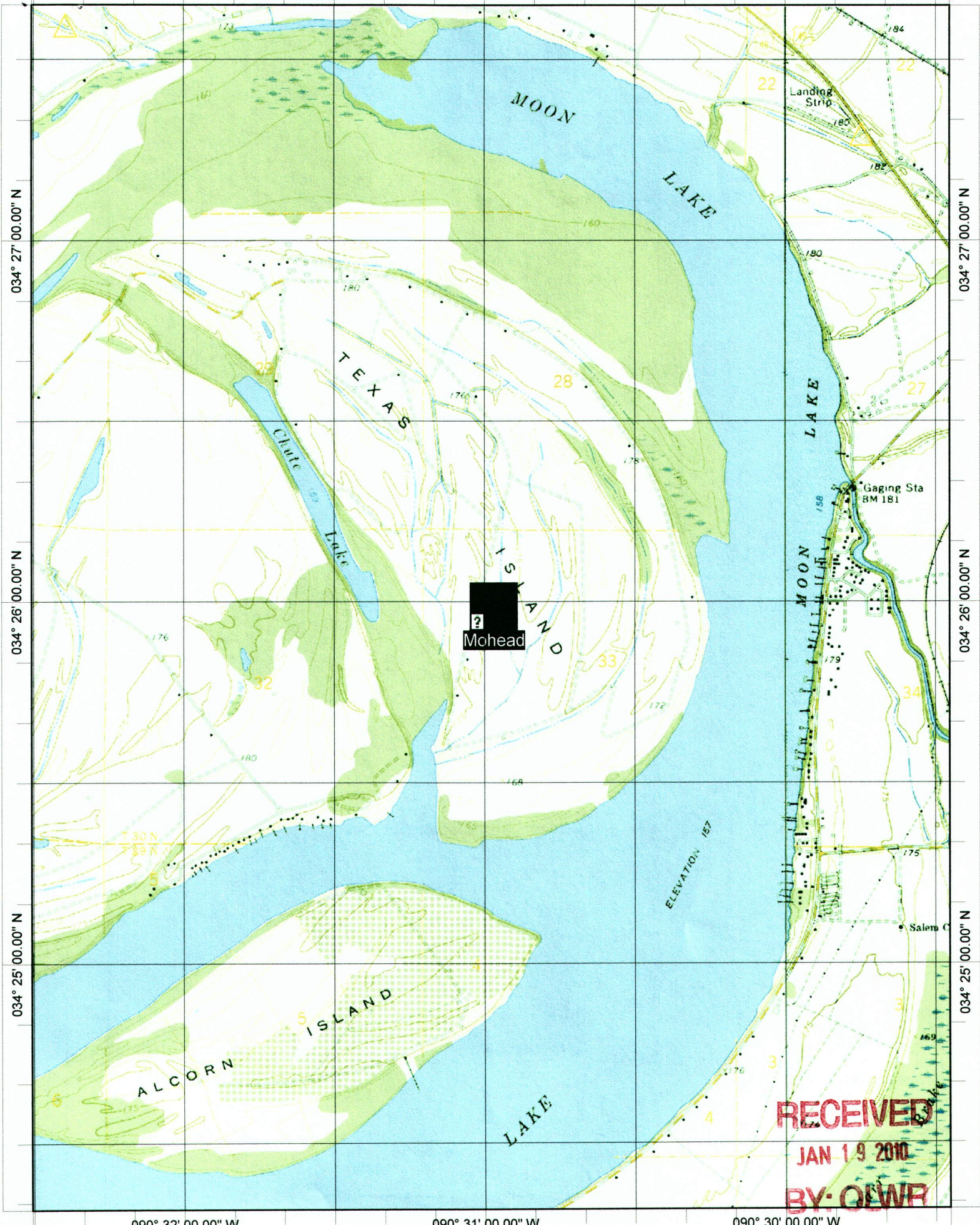
090° 32' 00.00" W

090° 31' 00.00" W

090° 30' 00.00" W

Datum: NAD27

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# 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: Cochon  
 Permit #: CW-44027  
 Driller: Pete's Well Drilling  
 Date completed: 12-21-09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: A 3A  
 Well #: \_\_\_\_\_  
 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>JOHN MOHEAD</u>	Latitude: <u>34° 25' 58.54"</u> Longitude: <u>90° 30' 50.36"</u>
Mailing Address: <u>1180 MOHEAD RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lula, MS 38644</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. ( ) _____	<u>NW 1/4 NW 1/4 Sec 33 T 30N R 3W</u>
	Distance Direction Nearest Town <u>2 1/2 Miles SW of LULA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>10-27-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1700</u> Gallons Per Minute	Number of Stages: <u>3</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.

DAVID P. HOLT 0-752P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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 NOV 21 2011  
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