

County: Coahoma
Permit #: GW-47532 ✓
Driller: Irrigation Equipment
Date drilling completed: 07/30/2013

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 #: C148
Aquifer: _____
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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Bellview Planting Co.</u>	Latitude: <u>34 22' 00.8 N</u> Longitude: <u>90 30' 26.1 W</u>
Mailing Address: <u>P.O. Box 504</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Lyon</u> <u>Ms</u> <u>38645</u> City State Zip code	<u>SE 1/4 SE 1/4, Sec 21 T 29 N R 3 W</u>
Telephone No. <u>(662) 624-5644</u>	<u>4</u> Miles <u>Northwest</u> of <u>Jamestown</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>07/30/2013</u> Date drilling completed: <u>07/30/2013</u> Hole depth: <u>121</u> Hole diameter: <u>20"</u>
Location of the source of any surface water used for drilling: <u>Surface Water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>
Logs run (check 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 <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [<input type="checkbox"/> above or <input type="checkbox"/> below] land surface Date measured: _____ (check one)
Method of Measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____
Well depth: <u>121</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>81</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>82</u> feet to <u>121</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> 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 (4/13)


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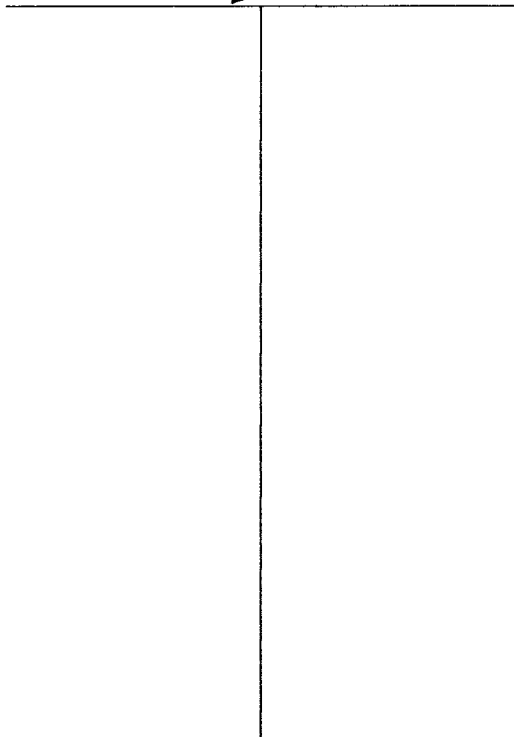
County: Coahoma
 Permit #: GW-47532

For Office Use Only:
 Well #: 0148

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground level 



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	22
Fine Sand	23	38
Fine Sand & Gravel	39	59
Medium Sand & Gravel	60	121

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

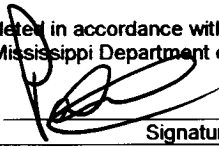
- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) a north arrow

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Landowner Name: Bellview Planting Co.

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

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.

Patrick Chism **0695** **08/24/2013** 

Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

Part 2

County: COAHOMA
 Permit #: GW-47532
 Driller: IRRIGATION EQUIPMENT
 Date completed: _____
Copy information from block on Part 1

Pump Installer's Completion Report
 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 #: 0148
 Aquifer: _____

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>BELLEVUE PUG CO</u>	Latitude: <u>34° 22' 00"</u> Longitude: <u>90° 30' 25"</u>		Method of Lat/Long (check one): Conventional Survey _____		
Mailing Address: <u>P.O. BOX 504</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		SE <u>1/4</u> SE <u>1/4</u> , Sec <u>21</u> T <u>29N</u> R <u>03W</u>		
<u>Lyon</u> MS <u>38645</u>	City	State	Zip Code	SE <u>3/4</u> Miles <u>E</u> of <u>COAHOMA</u>	
Telephone No. <u>(602) 624-5644</u>			(Distance)		(Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-31-13 Rated Pump Capacity: 1600 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

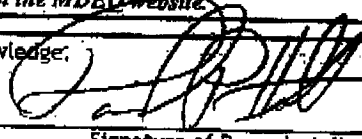
Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 40 Setting Depth: 60 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: McCrometer Meter Serial Number: 12-09022
 Meter Model Number/Name: M0308F Type of Meter: GROUND WATER
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: 8-3-13 Meter installed by: CIRCLE S IRRIGATION
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID P. HOLT 0-757P 8-23-13 
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

13051



Google earth



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