

**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)

**For Office Use Only:**

Aquifer: Q13T  
Well #: F118  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Coahoma  
Permit #: GW-46188 ✓  
Driller: Irrigation Equipment  
Date drilling completed: 06/26/2012

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Homewood Planting Co.</u>	Latitude: <u>34</u> ° <sup><u>15</u></sup> <sub><u>01</u></sub> ' <sup><u>34</u></sup> <sub><u>06</u></sub> " Longitude: <u>90</u> ° <sup><u>30</u></sup> <sub><u>23</u></sub> "
Mailing Address: <u>P.O. Box 305</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Lyon</u> <u>Ms</u> <u>38645</u> City State Zip code	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
Telephone No. ( ) - _____	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>28</u> <u>33</u> Twn <u>28N</u> Rng <u>3W</u> <u>NE</u> <u>NE</u> Distance Direction Nearest Town
	<u>3</u> Miles <u>Northeast</u> of <u>Lyon</u>

**Well / Borehole Data**

Date drilling started: 07/10/2012 Date drilling completed: 07/10/2012 Hole depth: 124 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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: Repl GW-04935

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

Static Water Level: \_\_\_\_\_ feet above or below (check one)  land  surface Date measured: \_\_\_\_\_

Method of Measurement (check one)  steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 124 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 84 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 85 feet to 124 feet

Type of completion (check all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): Circle S Irrigation will set pump

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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AUG 06 2012  
BY: OLWR

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.

Ground level

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	56
Fine Sand & Gravel	57	67
Medium Sand & Gravel	68	124

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.


Landowner Name: Homewood Planting Co.

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.

Patrick Chism 0695  
Print Name of Responsible Licensee and License No.

07/31/2012  
Date

  
Signature of Licensee

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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)

For Office Use Only:
Aquifer: F 118
Well #:
Elevation:

County: COAHOMA
Permit #: GW-46186
Driller: IRRIGATION EQUIPMENT
Date drilling completed: 6-26-12
Copy information from block on Part 1

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: Owner Name: HOMEWOOD PLTG CO, Mailing Address: P.O. Box 305, LYON, MS 38045, Telephone No. 662-624-2921
Well Location: Latitude: 34°15' 34", Longitude: 90°30' 23", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NE 1/4 Sec 33 T 28N R 3W, Distance: 3 1/4 Miles, Direction: NE, Nearest Town: LYON

Pump Type: Air Lift, Bucket, Centrifugal, Jet, Piston, Rotary, Submersible, Turbine, Flowing Well
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 80
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data: Date Well Tested, Static Water Level (A), Pumping Water Level (B), Drawdown [(B) - (A)], Test Pumping Rate, Duration of Pump Test
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head:
Well yielded GPM with a drawdown of feet after hours of pumping

This is for (check one): [X] 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.
DAVID P. HOLT 0-752P
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

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