

Jolted Well Service

County: Coahoma  
Permit #: GW-46722  
Driller: Joel Jumper  
Date drilling completed: 2-6-13

**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: F 120  
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>Jimmy Fullen</u>	Latitude: <u>34° 19' 26"</u> Longitude: <u>90° 28' 52"</u>
Mailing Address: <u>Po Box 380</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Ripley TN 38063</u>	<u>SW 1/4 SW 1/4 Sec 02 Twn 28N Rng 03W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Jonestown</u>
Telephone No. (____) _____	

**Well / Borehole Data**

Date drilling started: 2-6-13 Date drilling completed: 2-6-13 Hole depth: 115 Hole diameter: 2 in

Location of the source of any surface water used for drilling: Nearest well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 24 feet above or below (circle one) land surface Date measured: 2-6-13

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

Well depth: 115 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 12 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 12 inches Type of screen: pvc

Screen slot size: 50 inches Setting depth: From 0 75 feet to 75 115 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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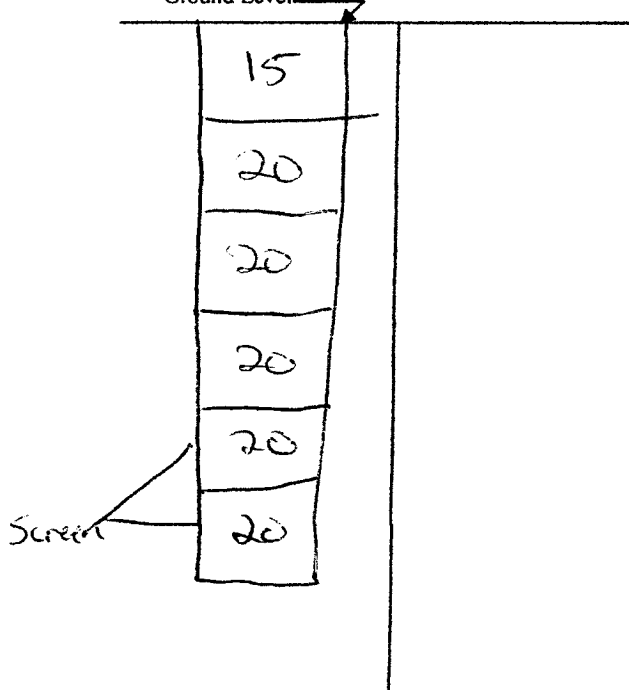
FEB 13 2013

BY: OLWR

**The sketch below only required for water wells**

**If well telescopes, show depths on sketch.**

### Ground Level.



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

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

[illegible]

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:**

Jimmy Fullen

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.

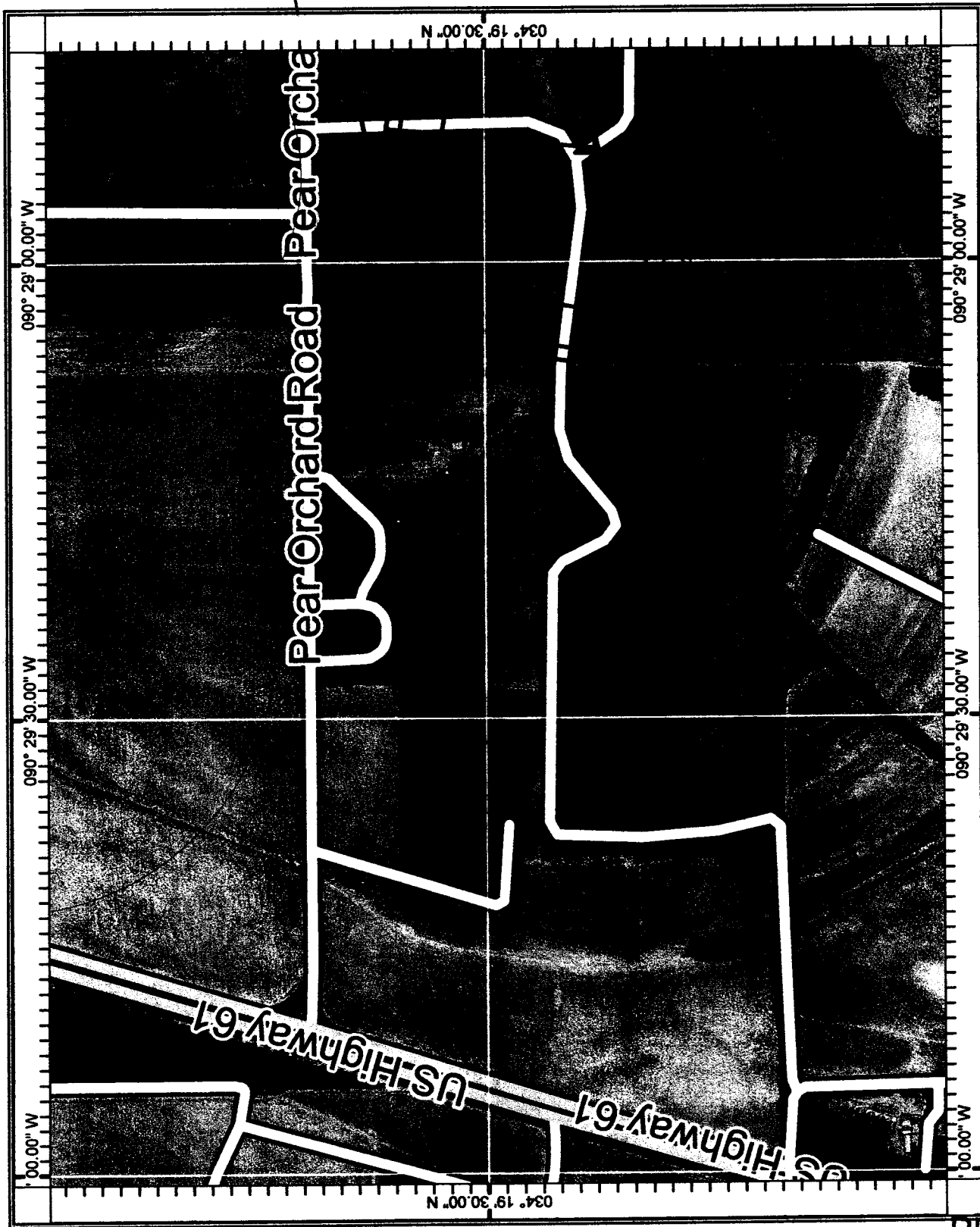
Joel Jumper 5317  
Print Name of Responsible Licensee and License No.

**Date****Signature of Licensee**

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Jones town

12' well

F 120

Feb 12 - 21 90L  
Fall 2014



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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 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

County: COAHOMA  
Permit #: GW-46722  
Driller: JOEL JUMPER  
Date completed: 2-6-13  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: E12C  
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>FULLEN COMPANY</u>			Latitude: <u>34° 19' 26"</u>	Longitude: <u>90° 28' 52"</u>
Mailing Address: <u>P.O. Box 380</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>RIPLER</u>	<u>TN</u>	<u>38063</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
City	State	Zip Code	<u>SW</u> 1/4 <u>SW</u> 1/4, Sec <u>02</u> T <u>28N</u> R <u>03W</u>	
Telephone No. <u>(731) 612-2843</u>			<u>1</u> Miles (Distance)	<u>N</u> of <u>JOKESTOWN</u> (Nearest Town)

**Pump Type (circle one)**  
☒ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): \_\_\_\_\_  
Date Pump Installed: 3-29-13 Rated Pump Capacity: 700 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: 30 Setting Depth: 60 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
Static Water Level (A): 24 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: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
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.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
DAVID P. HOLT O-752P 4-24-13 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

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APR 25 2013

BY: OLWR

12-10-15