

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:
Well #: H110
L.S. Elevation:
E-log #:

County: Coahoma
Permit #: GW-46017
Driller: Irrigation Equipment
Date drilling completed: 04/07/2012

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 (Landowner if borehole is not for a water well) and Well or Borehole Location. Includes fields for Owner Name (John Sherard), Mailing Address (General Delivery), Latitude/Longitude (34° 10' 23" N, 90° 41' 56" W), and Distance (3 Miles Northwest of Bobo).

Well / Borehole Data

Well / Borehole Data section including Date drilling started/completed (04/07/2012), Hole depth (104), Hole diameter (24"), Location of source (Surface Water), Method of dosing (50 PPM), Logs run (No log run checked), Purpose of borehole (Water Well checked).

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

Purpose of Well (Irrigation checked), Static Water Level, Method of Measurement, Well depth (104), Casing length (64), Screen length (40), Screen slot size (.050), Type of completion (Gravel packed checked, Circle S Irrigation will set pump).

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

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H110

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

Ground level _____

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	10
Fine Sand	11	20
Fine Sand & Gravel	21	35
Medium Sand & Gravel	36	100
Clay	101	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.

Landowner Name: John Sherard

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
Print Name of Responsible Licensee and License No.

04/09/2012
Date

[Handwritten Signature]
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: _____
Well #: 4110
Elevation: _____

County: COAHOMA
Permit #: GW-46017
Driller: IRRIGATION EQUIPMENT
Date drilling completed: 4-7-12
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	Well Location
Owner Name: <u>JOHN SHERARD</u>	Latitude: <u>34°10' 23"</u> Longitude: <u>90° 41' 55"</u>
Mailing Address: <u>GENERAL DELIVERY</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>SHERARD</u> <u>MS</u> <u>38609</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NW</u> <u>1/4</u> <u>NW</u> <u>1/4</u> Sec <u>34</u> T <u>27N</u> R <u>5W</u>
Telephone No. <u>(602) 627-7211</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>NW</u> of <u>BOBO</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-26-12</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity <u>1200</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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 (check 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.

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

[Signature]
Signature of Pump Installer

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

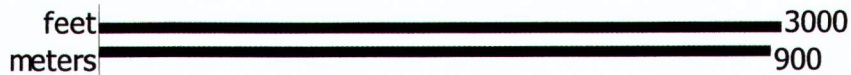
SEP 27 2012

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Google earth



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