

Job #9099

12

### 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 #: K97  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Catahoula  
Permit #: 43229  
Driller: Pete Sappington  
Date drilling completed: 4-29-09

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.

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Heaton Farms</u> Mailing Address: <u>P.O. Box 15B</u> <u>Lynn</u> <u>MS 38645</u> City State Zip Code Telephone No. <u>662 624-6112</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 12' 52"</u> Longitude: <u>90° 30' 48"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS ____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng Distance <u>2</u> Miles <u>NW</u> of <u>Charlottesville MS</u></p>
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**Well / Borehole Data**

Date drilling started: 4-29-09 Date drilling completed: 4-29-09 Hole depth: 100 Hole diameter: 12  
Location of the source of any surface water used for drilling: lake near well  
Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypochlorite @ 10 ppm  
Logs run (circle all applicable): No log run Electric Gamma-Ray Density Sonic Neutron  
Name of organization running log(s): MSD JOINT WATER MANAGEMENT DISTRICT  
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: 20 feet above or below (circle one) land surface Date measured: 4-29-09  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC  
Screen slot size: 032 inches Setting depth: From 60 feet to 100 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*

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43229

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County: Cochran, Cochonia  
 Permit #: OW43229  
 Driller: Pete Sappington  
 Date drilling completed: 4-29-09

**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 #: K97  
 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>Heaton Farms</u>	Latitude: <u>34.12</u> <del>34</del> Longitude: <u>90.30</u> <del>28</del>
Mailing Address: <u>P.O. Box 15B</u>	Method of Lat/Long (circle one): Conventional Survey, <u>41</u>
<u>Lynn</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>MS 38645</u>	<u>NW 1/4 SE 1/4 Sec 16 Twn 27N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 624-6112</u>	<u>2</u> Miles <u>NR</u> of <u>CHARLEDALE MS</u>

**Well / Borehole Data**

Date drilling started: 4-29-09 Date drilling completed: 4-29-09 Hole depth: 100 Hole diameter: 12

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

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10 ppm

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: 20 feet above or below (circle one) land surface Date measured: 4-29-09

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: 032 inches Setting depth: From 60 feet to 100 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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 MAY 28 2009  
 BY: OLWR



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-97  
 Elevation: \_\_\_\_\_

County: COAHOMA  
 Permit #: 60043229  
 Driller: PETE'S WELL DRILLING  
 Date completed: 4-29-09  
*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>HEATON FARMS</u>	Latitude: <u>34° 12' 29.2"</u> Longitude: <u>090° 30' 32.2"</u>
Mailing Address: <u>P.O. BOX 153</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lyon, MS 38645</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> Sec <u>16</u> T <u>27N</u> R <u>3W</u>
Telephone No. <u>(662) 624-6112</u>	Distance Direction Nearest Town
	<u>2 1/2</u> Miles <del>W</del> of <u>CLARKSDALE</u>
	<u>ENE</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>80</u>
Date Pump Installed: <u>5-1-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

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JUN 01 2009

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