

# 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)

County: Desoto  
Permit #: GW-44192  
Driller: Delta Drilling of Tunica  
Date drilling completed: 6-22-10

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: E122  
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.

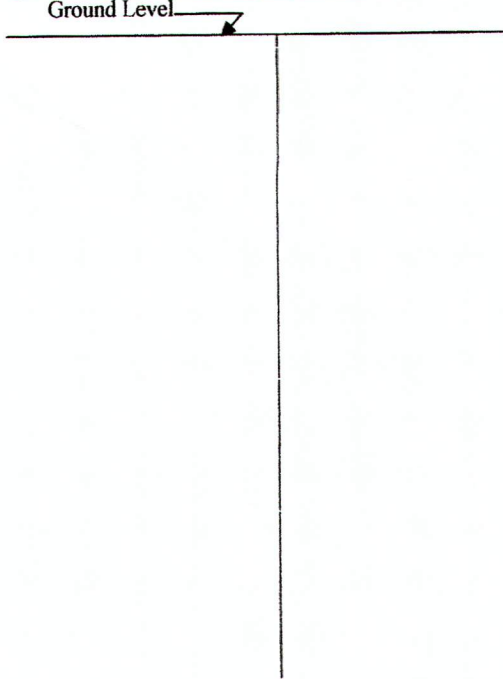
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Joe Graves</u>	Latitude: <u>N 34° 53' 03.2"</u> Longitude: <u>101° 12' 59.5"</u> <u>38</u> <u>90</u> <u>36</u>
Mailing Address: <u>Livville Farms</u> <u>P.O. Box 130</u> <u>Lake Cormorant Ms. 38641</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. ( <u>901</u> ) <u>485-5839</u>	<u>NW 1/4 SE 1/4 Sec 24</u> Twn <u>2S</u> Rng <u>10W</u> Distance Direction Nearest Town <u>1</u> Miles <u>South</u> of <u>Lake Cormorant, Ms</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>6-22-10</u> Date drilling completed: <u>6-22-10</u> Hole depth: <u>100</u> Hole diameter: <u>30"</u>	
Location of the source of any surface water used for drilling: <u>Fire hydrant 3/4 mile north</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>26</u> feet above or below (circle one) land surface Date measured: <u>6-22-10</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>100'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>60</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>.032</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

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The sketch below only required for water wells

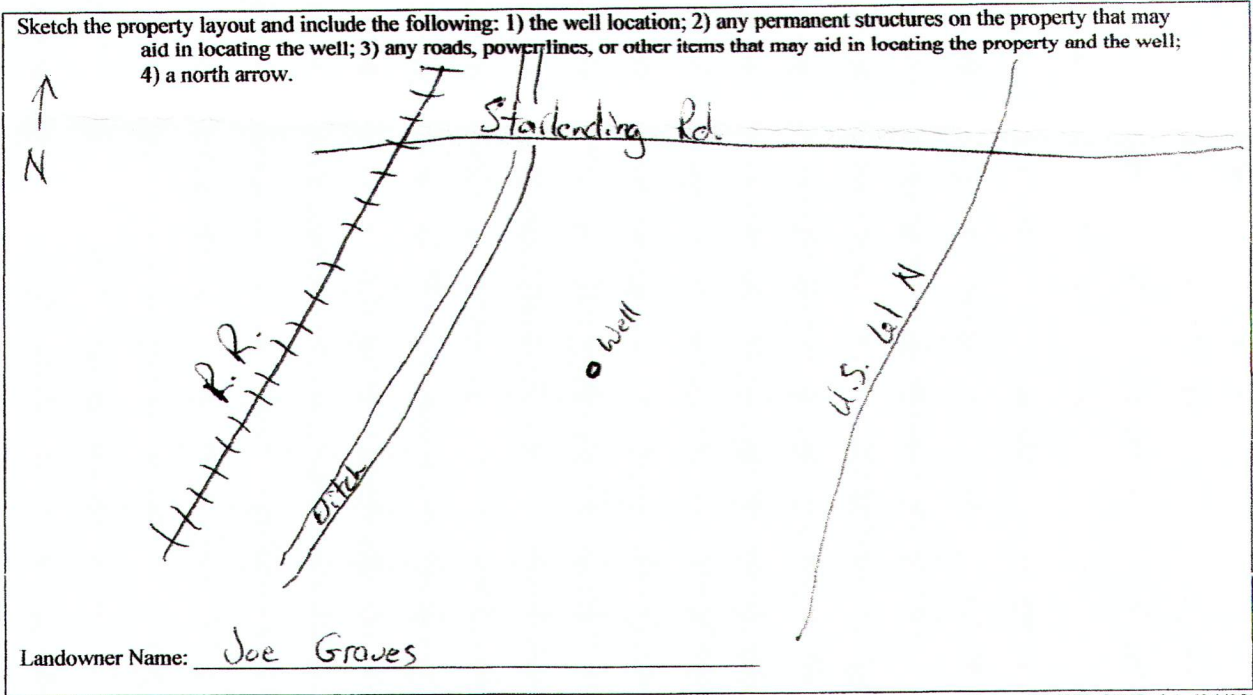
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
loamy soil	Ground Level	26
clay	27	44
clay / sand	45	48
formation	49	100

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



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.

Chris Shackley # 02501 7-13-10  
 Print Name of Responsible Licensee and License No.      Date

[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 #: E122  
 Elevation: \_\_\_\_\_

County: Desoto  
 Permit #: GW-44192  
 Driller: Delta Drilling of Tunica  
 Date completed: 6-22-10  
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>Joe Groves</u>	Latitude: <u>N 34° 53.632'</u> Longitude: <u>W 090° 12.595'</u>
Mailing Address: <u>Linnville Farms</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 130</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lake Cormorant, Ms. 38664</u>	NW 1/4 SE 1/4 Sec <u>24</u> T <u>28</u> R <u>10W</u>
City _____ State _____ Zip Code _____	Distance _____ Miles Direction <u>South</u> of <u>Lake Cormorant, Ms.</u>
Telephone No. <u>(901) 485-5834</u>	Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>6-22-10</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
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 (circle 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.

Chris Shockey # 02501 Print Name of Pump Installer and License No. (if applicable) [Signature] Signature of Pump Installer

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

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