

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Green
Permit #:
Driller: Mike S. Wood
Date drilling completed: 11-17-09

For Office Use Only:
Aquifer: T 75
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)
Owner Name: F W A Jarne
Mailing Address: PO Box 699
Leakeville, MS 39451
City State Zip Code
Telephone No.
Well or Borehole Location
Latitude: 31.0436 Longitude: 88.3658
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NW 1/4 Sec 5 Twn 11N Rng R6W
Distance 6 Miles Direction SW of Leakeville Nearest Town

Well / Borehole Data
Date drilling started: 11-17-09 Date drilling completed: 11-17-09 Hole depth: 7 1/2 Hole diameter: 7 1/2
Location of the source of any surface water used for drilling: NON E
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 [checked] 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: Farm
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 8 feet above or below (circle one) land surface Date measured:
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 45 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 35 feet Casing diameter: 4 inches Type of casing: PVC 40
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped
Screen slot size: 10 inches Setting depth: From 35 feet to 45 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)

RECORDED
DEC 11 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: T 75  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Mike & Wade  
Date completed: 11-20-09

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>FWA Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 699</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Seakeville, Ms. 39451</u>	_____ 1/4 _____ 1/4 Sec. <u>5</u> Twp <u>T4N</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>6</u> Miles <u>S W</u> of <u>Seakeville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<b>Electric Motor</b> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-20-09</u>	Setting Depth: <u>45</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<b>Air Line</b> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>28</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>20</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fry Fogel 0408  
Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogel  
Signature of Pump Installer

RECEIVED

DEC 14 2009

BY: OLVR