

GW17015

County: GREENADIA
 Permit #: ~~GW-44462~~
 Driller: Pete Sappington
 Date drilling completed: _____

Well Driller Report and Well Log

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: E 44
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Delta Wing Farm</u>	Latitude: <u>33° 48' 10.61"</u> Longitude: <u>90° 06' 58.25"</u>
Mailing Address: <u>P.O. Box 629</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Patesville</u> MS <u>38606</u>	<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>5</u> Twn <u>22N</u> Rng <u>2E</u>
City State Zip Code	Distance <u>8 1/2</u> Miles Direction <u>NW</u> of Nearest Town <u>Hokomb</u>
Telephone No. <u>(662) 563-7631</u>	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: _____ Date well drilling completed: _____

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: _____ Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: 16 inches Type of casing: PVC

Screen length: _____ feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From _____ feet to _____ 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor _____

If well telescopes please sketch below and show depths.

Well drilled by Mr. Pete Sappington. Mr. Sappington passed away before submitting well log

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E44

Ground Level

Description of Formations Encountered

From To

	Description of Formations Encountered	From	To

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) indicate direction.

Landowner Name: _____

Signature of Water Well Contractor

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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)

County: GRENADE
 Permit #: GW-44462
 Driller: Pete Sappington
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E44
 Elevation: _____


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>DELTA WING FARM</u>	Latitude: <u>33° 48' 10.64"</u> Longitude: <u>90° 06' 58.25"</u>
Mailing Address: <u>P.O. Box 629</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Batesville, MS 38606</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5 T 22 N R 2 E</u>
Telephone No. <u>(662) 563-7631</u>	Distance Direction Nearest Town
	<u>8 1/2</u> Miles <u>NW</u> of <u>Holcomb</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>60</u>
Date Pump Installed: <u>8-20-10</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</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 Electric Measuring Line 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
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-OWR-15 (04/09)

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No. 4
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