

County: Holmes
 Permit #: _____
 Driller: W. Bryant
 Date drilling completed: 2-2-13

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: J 90
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Joseph Anderson</u>	Latitude: <u>33° 08' 52" N</u> Longitude: <u>090° 16' 53" W</u>
Mailing Address: <u>1583 Cooper Rd.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Co. Rd. 212</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Tchula MS 39169</u>	<u>SE</u> 1/4, <u>SE</u> 1/4 Sec <u>22</u> Twn <u>15 N</u> Rng <u>1 W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>6.5</u> Miles Direction: <u>S</u> of Nearest Town: <u>Tchula, MS</u>
Telephone No. <u>(662) 235-4027 - Home</u>	<u>Cooper Rd. Co. Rd. 212</u>
<u>(601) 951-8495 cell</u>	
Well / Borehole Data	
Date drilling started: <u>2-2-13</u> Date drilling completed: <u>2-2-13</u> Hole depth: <u>100'</u> Hole diameter: <u>6 1/2"</u>	
Location of the source of any surface water used for drilling: <u>Near by Ditch</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 _____ Fish Culture <input checked="" type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>18'</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>2-2-13</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Sonic water level meter</u>	
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>80</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC 160</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>.016</u> inches Setting depth: From <u>80</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: <u>- 0 -</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

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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 #: _____
Elevation: _____

County: Holmes

Permit #: _____

Driller: W. Bryant

Date completed: 2-2-13

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

Owner Name: Joseph Anderson

Mailing Address: 1583 Cooper Rd.
Co. Rd. 212
Tchula MS 39169
City State Zip Code

Telephone No. (662) 235-4027-Home
(601) 951-8495-Cell

Well Location

Latitude: 33° 08.52' N Longitude: 090° 16.89' W

Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
1/4 NE 1/4 Sec 22 T 15 N R 1 W

Distance Direction Nearest Town
6.5 Miles S of Tchula, MS
Cooper Rd. - Co. Rd. 212

	Pump Type Circle one	
Air Lift	Jet	<u>Submersible</u>
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well
Other (specify): _____		
Date Pump Installed:	<u>2-2-13</u>	
Rated Pump Capacity:	<u>45</u>	Gallons Per Minute

	Power Type Circle one	
Diesel Engine	Gasoline Engine	Natural Gas
<u>Electric Motor</u>	Hand	Tractor PTO
Windmill	Other (specify): _____	
Horse Power Rating of Motor:	<u>3</u>	
Setting Depth:	<u>60</u>	feet
Number of Stages:	<u>11</u>	

Pump Test Data

Date Well Tested: 2-3-13

Static Water Level (A): 18 Feet Below Land Surface

Pumping Water Level (B): 28 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface

Test Pumping Rate: 55 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): Sonic water level meter

For flowing well, measured shut in head: _____ feet

Well yielded 55 GPM with a drawdown of
10 feet after 4 hours of pumping

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.

Willie L. Bryant 0-639
Print Name of Pump Installer and License No. (if applicable)

Willie L. Bryant
Signature of Pump Installer

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

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