

County: **Holmes** *0517*  
 Permit #: **GW-17127**  
 Driller: **Irrigation Equipment**  
 Date drilling completed: **03/26/2014**

**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 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: U1A  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <b>Doris Kuhn</b>	Latitude: <b>32 58' 42.9 N</b> Longitude: <b>90 10' 48.7 W</b>
Mailing Address: <b>909 Coxburg Road</b>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<i>see below</i>	<b>NW 1/4 NE 1/4, Sec 15 T 13 N R 1 E</b>
<b>Lexington Ms 39095</b> City State Zip code	<b>14</b> Miles <b>South</b> of <b>Tchula</b> <i>(Distance) (Direction) (Nearest Town)</i>
Telephone No. ( ) -	

**Well / Borehole Data**

Date drilling started: **03/26/2014** Date drilling completed: **03/26/2014** Hole depth: **390'** Hole diameter: **20"**

Location of the source of any surface water used for drilling: **Surface Water**

Method of dosing and volume of Chlorine used in drilling and development: **50 PPM**

Logs run (check 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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): Gravel Wash

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: **141'** feet [ above or  below] land surface Date measured: **04/01/2014**  
*(check one)*

Method of Measurement (check one)  Steel tape  Electric tape  Air line  Other: (describe) \_\_\_\_\_

Well depth: **390'** Well grouted to a depth of: **10'** feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: **370** feet Casing diameter: **12"** inches Type of casing: **PVC**

Screen length: **20** feet Screen diameter: **12"** inches Type of screen: **PVC**

Screen slot size: **.035** inches Setting depth: From ~~294~~ **370** feet to ~~310~~ **390** feet

Type of completion (check all applicable):  Gravel packed  Underreamed  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*

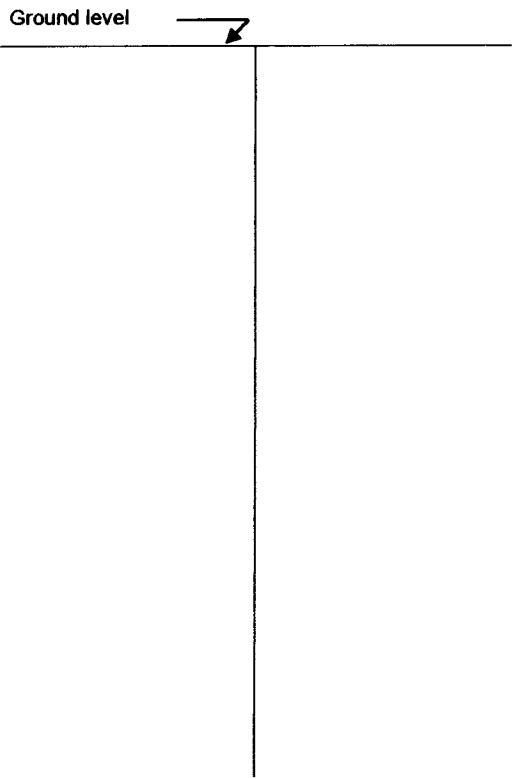
\* Applicant - Hammitt Gravel Co  
PO Box 209  
Lexington, MS 39095

RECEIVED  
 APR 23 2014  
 BY: OLIVER  
 Form: OLWR-SWR-1A (4/13)

County: Holmes  
 Permit #: GW-17127

**For Office Use Only:**  
 Well #: U14

*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)
Clay	Ground level	30
Course Sand	31	133
Gray Clay	134	220
Fine Sand & Clay	221	235
Fine Sand	236	250
Gray Clay	251	290
Fine Sand	291	385
Gray Clay	386	390

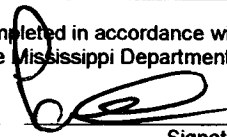
If more than one screen, show location of each on sketch

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) a north arrow

Landowner Name: Doris Kuhn

I HEREBY 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.

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

**Patrick Chism**                      **0695**                      **04/15/2014**                                            **RECEIVED**

Print Name of Responsible Licensee and License No.                      Date                      Signature of Licensee

Form: OLWR-SWR-1A (4/13) 2014

**BY: OLWR**

County: Holmes  
 Permit #: GW-17127  
 Driller: Irrigation Equipment  
 Date drilling completed: 03/26/2014  
Copy information from block on Part 1

**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 39225-2309  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**  
 Well #: 1114  
 Aquifer: \_\_\_\_\_

*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>Doris Kuhn</u>	Latitude: <u>32 58' 42.9 N</u> Longitude: <u>90 10' 48.7 W</u>
Mailing Address: <u>909 Coxburg Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Lexington</u> <u>Ms</u> <u>39095</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NW 1/4 NE 1/4, Sec 15 T 13 N R 1 E</u>
Telephone No. ( ) -	<u>14</u> Miles <u>South</u> of <u>Tchula</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed 04/01/2014 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 40 Setting Depth: 240 feet Number of Stages: 5

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ Hours

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Method of measurement (check one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ Feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: None Installed Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_


Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Patrick Chism 0695 04/15/2014   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

\* Applicant Hammett Drivell Co

RECEIVED  
 APR 3 2014  
 BY OLWR