

County: Humphreys
Sunflower
 Permit #: GW-46992
 Driller: Irrigation Equipment
 Date drilling completed: 03/21/2013

State Well Report
Part I - 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: _____
 Well #: A 83
 I. 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>Phillip Holdeman</u> Mailing Address: <u>55 Four Mile Road</u> <u>Inverness</u> <u>Ms</u> <u>38753</u> City State Zip code Telephone No. () - _____	Latitude: <u>33</u> ° <u>19</u> ' <u>03</u> " Longitude: <u>90</u> ° <u>32</u> ' <u>47</u> " 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"/> Joint Water Mgmt Dist Survey-grade GPS <u>SW</u> ¼ <u>SE</u> ¼ Sec <u>18</u> Twn <u>17 N</u> Rng <u>3 W</u> Distance Direction Nearest Town <u>3</u> Miles <u>Southeast</u> of <u>Inverness</u>
Well / Borehole Data	
Date drilling started: <u>03/21/2013</u> Date drilling completed: <u>03/21/2013</u> Hole depth: <u>125</u> Hole diameter: <u>24"</u> Location of the source of any surface water used for drilling: <u>Surface Water</u> Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u> Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one) <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input checked="" type="checkbox"/> Other: <u>Repl GW-08064</u> If flowing, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>35</u> feet above or below (check one) <input type="checkbox"/> land <input checked="" type="checkbox"/> surface Date measured: <u>03/27/2013</u> Method of Measurement (check one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: _____ Well depth: <u>125</u> Well grouted to a depth of <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>85</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>865</u> feet to <u>125</u> feet Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> 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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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 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: A83
Elevation: _____

County Sunflower
Permit #: GW-46992
Driller Irrigation Equipment
Date drilling completed 03/21/2013
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>Phillip Holdeman</u>	Latitude: <u>33 19' 03.8 N</u> Longitude: <u>90 32' 47.5 W</u>
Mailing Address: <u>55 Four Mile Road</u>	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
<u>Inverness</u> Ms <u>38753</u>	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>18</u> T <u>17 N</u> R <u>3 W</u>
City State Zip code	Distance Direction Nearest Town
Telephone No. () -	<u>3</u> Miles <u>Southeast</u> of <u>Inverness</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>03/27/2013</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity <u>2500+/-</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (check 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.

Patrick Chism 0695 
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAY 9 8 2013

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