

State Well Report

Part 1

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: _____
 Well #: B 271
 L. S. Elevation: _____
 E-log #: _____

County: HUMPHREYS
 Permit #: _____
 Driller: J. NEWCOME 0-773
 Date drilling completed: 7-9-08

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>C.A. ROBINSON LAND CO.</u>	Latitude: <u>33. 13. 11 "</u> Longitude: <u>90. 34. 09 "</u>
Mailing Address: <u>PO Box 98-7003 RD 5</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>INVERNESS, MS</u> State: <u>MS</u> Zip Code: <u>38753</u>	USGS quad: <u>SE 1/4 NW 1/4 Sec 24</u> Twn <u>16N</u> Rng <u>4W</u>
Telephone No.: <u>662-347-1130</u>	Distance: <u>5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>BELZONI</u>

Well Data

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

Date well drilling started: 7-9-08 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: 113 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70 feet to 110 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.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

John Newcome

Signature of Water Well Contractor

replacement for 6W05101?

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: HUMPHREYS
 Permit #: _____
 Driller: J. Newcome 0-773
 Date completed: 7-9-08

For Office Use Only:

Aquifer: _____
 Well #: B-271
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>G.A. ROBINSON LAND CO.</u>	Latitude: <u>33-13-11</u> Longitude: <u>90-34-09</u>
Mailing Address: <u>PO Box 98-700 3RD ST</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>INVERNESS, MS. 38753</u>	USGS quad: _____
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 24 Twp 16N Rng 4W</u>
Telephone No.: <u>662-347-1130</u>	Distance: <u>5</u> Miles <u>NW</u> of <u>BELZONI</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket: <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle 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): <u>NOT TESTED</u> 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	

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

GLEN ROWE #770P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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