

# 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: B 291  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW-45069  
Driller: J. NEWOME 0-773  
Date drilling completed: 6-27-2011

**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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Japhlet LP</u>	Latitude: <u>33° 15' 09"</u> Longitude: <u>90° 35' 09"</u>
Mailing Address: <u>P.O. Box 657</u>	Method of Lat/Long (circle one): Conventional Survey, <u>14 09</u>
<u>Belzoni</u> <u>MS</u> <u>39038</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 11</u> <u>Twn 16N</u> <u>Rng 04W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>.5</u> Miles <u>S</u> of <u>ISOLA</u>

**Well / Borehole Data**

Date drilling started: 6-27-2011 Date drilling completed: 6-27-2011 Hole depth: 112 Hole diameter: 24"

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE PELLETS

Logs run (circle 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 one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, 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: \_\_\_\_\_

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

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 next page*

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)

County: Humphreys  
 Permit #: GW-45069  
 Driller: J. Newcome C-773  
 Date completed: 6-27-2011  
Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B291  
 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>Japhlet LP</u>	Latitude: <u>33° 15' 09" N</u> Longitude: <u>90° 35' 09" W</u>
Mailing Address: <u>P.O. Box 657</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni MS 39038</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 11 T 16N R 04W</u>
Telephone No. ( ) _____	Distance <u>.5</u> Miles Direction <u>S</u> of Nearest Town <u>Igola</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>6/28/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <del>1200</del> <u>1200</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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	

This is for (circle one): **New Well**  Replacement of Existing Pump  Repair of Existing Pump

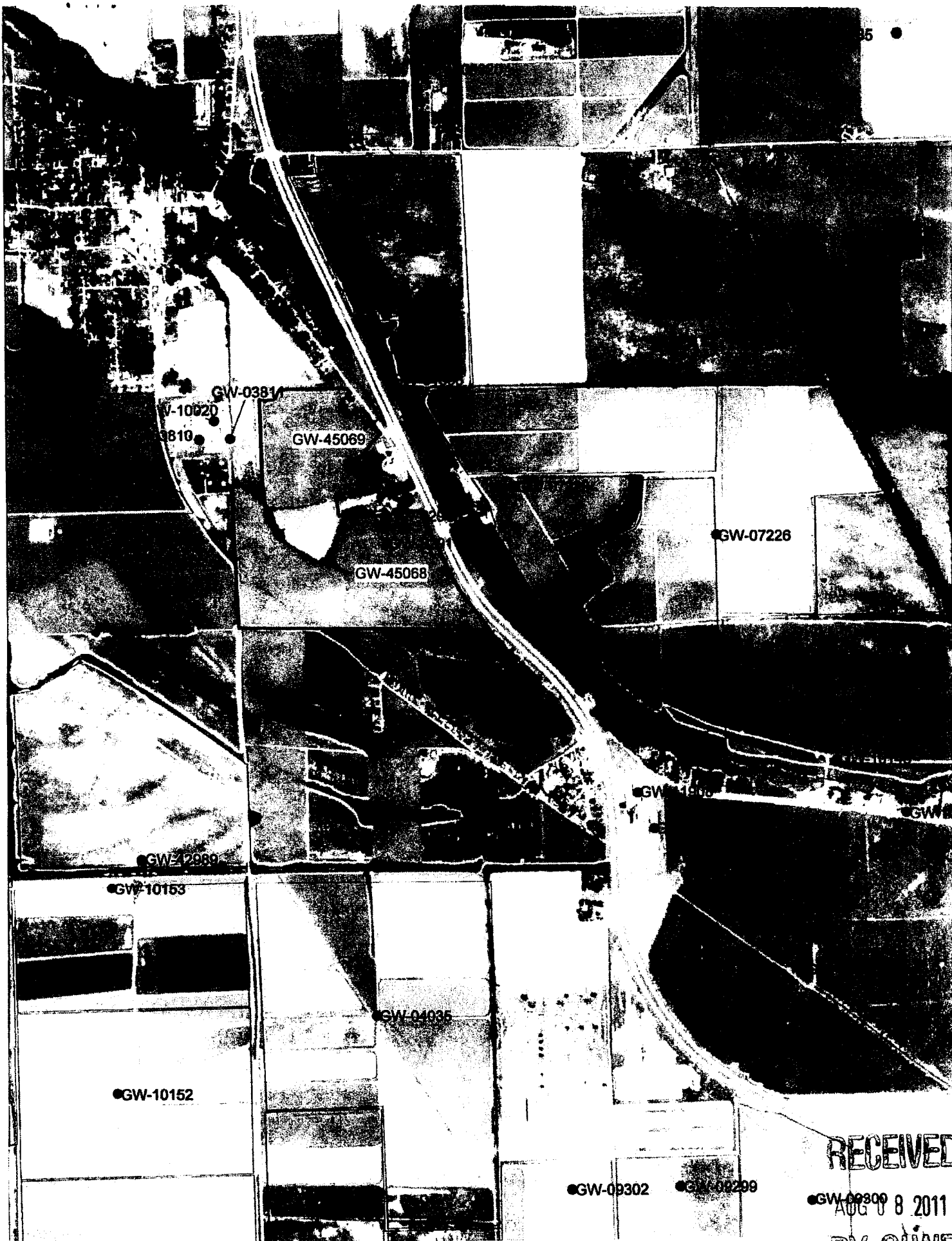
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Cam Rowe 0-711P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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