County:	Humphreys
Permit #:	GW-46302
Driller:	Irrigation Equipment
Date drilli	ng completed: 05/29/2012

## 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:		
Well #:	B 365	-
L.S. Elev	ation:	
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	Well or Borehole Location			
Information on Well Owner (Landowner if borehole is not for a water well)	Well of Borenoie Location			
Owner Name Marcia Hale	Latitude: 33 ° 14 ' 26 " Longitude: 90 ° 40 ' 08 "			
Mailing Address: P.O. Box 180	Method of Lat/Long (check one): Conventional Survey,			
	☐ USGS quad,   ☐ Hand-held GPS,   ☐ Survey-grade GPS			
Isola Ms 38854	NE 1/4 NW 1/4 Sec 13 Twn 16N Rng 5W			
City State Zip code	Distance Direction Nearest Town			
Telephone No. ( ) -	4 Miles Southwest of Isola			
Well / Bo	orehole Data			
Date drilling started: 05/29/2012 Date drilling completed: 05/2	9/2012 Hole depth: 116 Hole diameter: 24"			
Location of the source of any surface water used for drilling: <b>Surface</b> Method of dosing and volume of Chlorine used in drilling and development				
Logs run (check all applicable): ⊠ No log run ☐ Electric ☐ Gamma Name of organization running log(s):				
Purpose of borehole (check one): Water Well Geotechnical	Geological Investigation Ground Source Heat Pump			
☐ Seismic Survey ☐ Other (a	lescribe)			
If drilling is not related to water well co	nstruction, skip the remainder of this block			
Purpose of Well (check one)	ply 🛮 Irrigation 🔲 Fish Culture 🔛 Other:			
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: feet above or below (check one) 🔲 lar	nd □ surface Date measured:			
Method of Measurement (check one) ☐ steel tape ☐ electric tape	☐ air line ☐ other:			
Well depth: 116 Well grouted to a depth of 10 feet	Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix			
Casing length: 76 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	77 feet to 116 feet			
Type of completion (check all applicable):	Inderreamed    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			

m: OLWIR SWR 14 (84/08)

7	f well	telescon	vs. show	denths	on sketch	
	weu	<b>ICICALUM</b>	es, snor	исриы	UN SMELLIN	٠

If well	telescopes,	show	depths	on	sketch.

Ground level		 	
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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	23
Fine Sand	24	49
Fine Sand & Gravel	50	63
Medium Sand & Gravel	64	116

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

aid in	locating the well; 3) an	ollowing: 1) the well location in the well location in the serior of the serior of the well location in the well l	on; 2) any permanent structures on er items that may aid in locating t	the property that may he property and the well;
4) a r	orth arrow.			
indowner Name:	Marcia Hale			
				Form: OLWR-SWR-1A (04/
sissippi Department	orehole was drilled, const	ructed, and completed in acc ty and the Mississippi Depart	ordance with all applicable require ment of Health regulations, if appli	ments of the
rtify that the well/bo	orehole was drilled, const of Environmental Quali	ructed, and completed in acc ty and the Mississippi Depart 06/19/2012	ordance with all applicable require ment of Health regulations, if appli	ments of the

## STATE WELL REPORT

## Part 2 Pump Installer's Completion Report

County: Humphreys Pump Installer's Completion Report

Permit #: GW-46302 Mississippi Department of Environmental Quality

Driller: Irrigation Equipment Office of Land and Water Resources
P.O. Box 2309

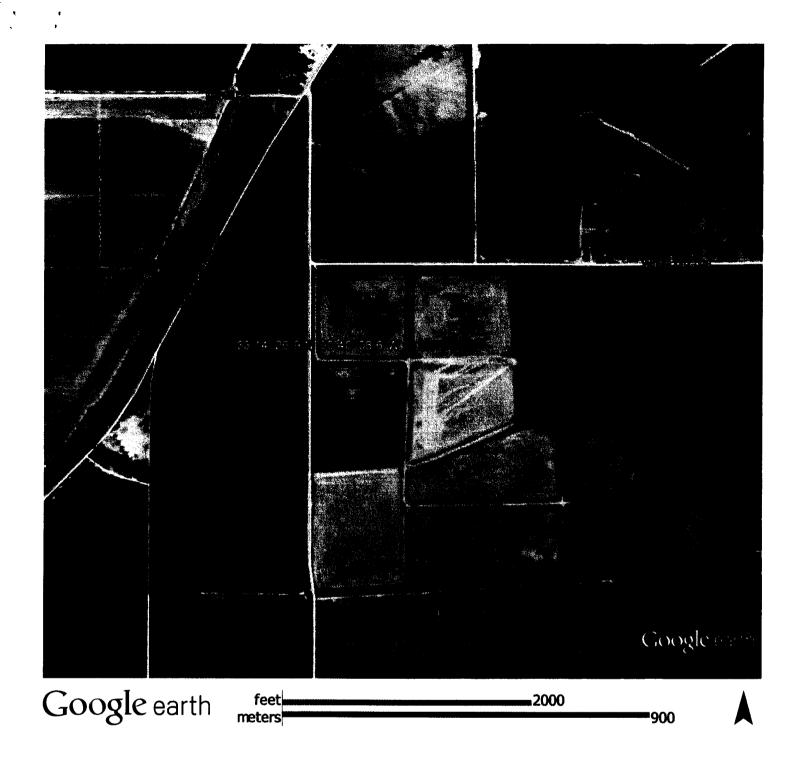
Date drilling completed: 05/29/2012 Jackson, MS 39225

Copy information from block on Part 1 (601) 961-5210

(601) 961-5228 (fax)

For Office Use Only:				
Aquifer:				
Well #:	B 305			
Elevation:				

Well Owner Information			l contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.		
Mailing Address: P.O. Box 180    State					
Mailing Address:   P.O. Box 180	Owner Name: Marcia Hale		Latitude: 33 14' 26 N Longitude: 90 40' 08 W		
Isola   Ms   38854   City   State   Zip code   Distance   Direction   Nearest Town	NO D 100		Method of Lat/Long (check one):   Conventional Survey,		
Distance   Direction   Nearest Town			☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS		
Telephone No. ( ) -	Isola	Ms 38854	NE 1/4 NW 1/4 Sec 13 T 16N R 5W		
Pump Type   Check one   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Gasoline Engine   Natural Gas   Diesel Engine   Dies	City	State Zip code			
Pump Type   Check one   Chec	Telephone No. ( ) -				
Check one    Air Lift		***************************************			
Bucket					
Centrifugal	Air Lift Jet	Submersible	☐ Diesel Engine ☐ Gasoline Engine ☐ Natural Gas		
Other (specify):	☐ Bucket ☐ Piston	☐ Turbine	☐ Electric Motor ☐ Hand ☐ Tractor PTO		
Date Pump Installed: 05/30/2012   Setting Depth: 70   feet      Rated Pump Capacity   900+/-   Gallons Per Minute   Number of Stages: 1	Centrifugal Rotary	☐ Flowing Well	☐ Windmill ☐ Other (specify):		
Pump Test Data   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Method of Measuring Water Level Check one   Steel Tape   Other (specify):   Method of Measuring Water Level Check one   Steel Tape   Other (specify):   Method of Measuring Water Level Check one   Steel Tape   Other (specify):   Method of Measuring Water Level Check one   Steel Tape   Other (specify):   Method of Measuring Water Level Check one   Steel Tape   Other (specify):   Method of Measuring Water Level Check one   Steel Tape   Other (specify):   Method of Measuring Water Level Check one   Steel Tape   Other (specify):   Method of Measuring Water Level Check one   Steel Tape   Other (specify):   Measuring Water Level Check one   Steel Tape   Other (specify):   Measuring Water Level Check one   Steel Tape   Other (specify):   Measuring Water Level Check one   Steel Tape   Other (specify):   Measuring Line   Steel Tape   Ot	Other (specify):		Horse Power Rating of Motor: 25		
Pump Test Data    Method of Measuring Water Level Check one	Date Pump Installed: 05/30/2012		Setting Depth: 70 feet		
Check one    Date Well Tested:   Check one	Rated Pump Capacity 900+/-	Gallons Per Minute	Number of Stages: 1		
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  Duration of Pump Test (minimum 4 hours): hours  Mew Well letter feet after hours of pumping  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  Other (specify):  For flowing well, measured shut in head: GPM with a drawdown of feet after hours of pumping  Feet Below Land Surface  For flowing well, measured shut in head: feet  GPM with a drawdown of feet after hours of pumping  Repair of Existing Pump  RECEIVED  Signature of Pump Installer	Pump Test Data	a			
Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping  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	Date Well Tested:		☐ Air Line ☐ Electric Measuring Line ☐ Steel Tape		
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping  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	Static Water Level (A):	Feet Below Land Surface	Other (specify):		
Test Pumping Rate: Gallons Per Minute	Pumping Water Level (B):	Feet Below Land Surface			
Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping  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	Drawdown [(B) - (A)]:	Feet Below Land Surface	For flowing well, measured shut in head: feet		
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	Test Pumping Rate:	Gallons Per Minute	Well yielded GPM with a drawdown of		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  Patrick Chism Print Name of Pump Installer and License No. (if applicable)  RECEIVED Signature of Pump Installer	Duration of Pump Test (minimum 4 hours):	hours	feet after hours of pumping		
Patrick Chism 0695 Print Name of Pump Installer and License No. (if applicable)  RECEIVED Signature of Pump Installer	This is for (check one): New	Well Replacen	nent of Existing Pump Repair of Existing Pump		
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer	I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
p altilità de la collection de la collec	Print Name of Pump Installer and License	No. (if applicable)	Signature of Pump Installer  Form: Oliwir-Swr-10 (b) 709)		



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JUN 2 7 2012

BY: OLWR