

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 309  
Well #: \_\_\_\_\_  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW-45800 ✓  
Driller: Irrigation Equipment  
Date drilling completed: 06/21/2012

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>St Rest Planting Co.</u>	Latitude: <u>33 ° 14 ' 44 "</u> Longitude: <u>90 ° 35 ' 37 "</u>
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Indianola</u> <u>Ms</u> <u>38751</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>10</u> ✓ TwN <u>16N</u> ✓ Rng <u>4W</u>
Telephone No. ( ) -	<u>NE</u> Direction Nearest Town
	<u>1</u> Miles <u>South</u> of <u>Isola</u>

Well / Borehole Data

Date drilling started: 06/21/2012 Date drilling completed: 06/21/2012 Hole depth: 125 Hole diameter: 24"

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 one)  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: Repl GW-42989

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

Static Water Level: 34 feet above or below (check one)  land  surface Date measured: 06/22/2012

Method of Measurement (check one)  steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 85 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 86 feet to 125 feet

Type of completion (check 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)

SEE 4

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

B 309

Ground level

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Description of Formations Encountered	From (depth)	To (depth)
<b>Clay</b>	Ground level	<b>29</b>
<b>Fine Sand</b>	<b>30</b>	<b>49</b>
<b>Fine Sand &amp; Gravel</b>	<b>50</b>	<b>58</b>
<b>Medium Sand &amp; Gravel</b>	<b>59</b>	<b>125</b>

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.

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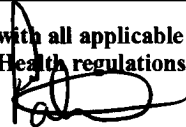
Landowner Name: St Rest Planting Co.

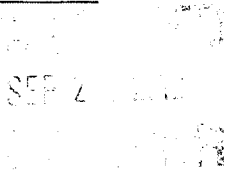
Form: OLWR-SWR-1A (04/08)

I 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.

Patrick Chism 0695  
Print Name of Responsible Licensee and License No.

09/19/2012  
Date

  
Signature of Licensee



# STATE WELL REPORT

3309

County: Humphreys  
 Permit #: GW-45800  
 Driller: Irrigation Equipment  
 Date drilling completed: 06/21/2012  
Copy information from block on Part 1

**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 #: \_\_\_\_\_  
 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>St Rest Planting Co.</u>	Latitude: <u>33 14' 44.6 N</u> Longitude: <u>90 35' 37.8 W</u>
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Indianola</u> <u>Ms</u> <u>38751</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City                                      State                      Zip code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>10</u> T <u>16N</u> R <u>4W</u>
Telephone No. (    ) - _____	Distance                      Direction                      Nearest Town
	<u>1</u> Miles <u>South</u> of <u>Isola</u>

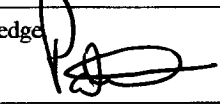
Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> 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>06/22/2012</u>	Setting Depth: <u>70</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