

(Replacement for GW-46262)

Alldis
part 2

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: B332
Applic: _____
E-Log #: _____

County: Humphreys
Permit #: GW-48578
Driller: Tommy Peacock
Date drilling completed: 10/18/14

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Penion Braswell</u>	Latitude: <u>33° 12' 52"</u> Longitude: <u>90° 35' 41"</u>
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni</u> MS <u>39038</u>	USGS quad _____ Hand-held GPS <u>X</u> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4</u> ^{SW} <u>SE 1/4</u> , Sec <u>22</u> T <u>16N</u> R <u>4W</u>
Telephone No. <u>(662) 836-7679</u>	<u>4</u> Miles <u>west</u> of <u>Belzoni</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10/18/14 Date drilling completed: 10/18/14 Hole depth: 110' Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch across 1 mile east of well site

Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tanker

Logs run (circle all applicable): (no log run) Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet [above or below] land surface Date measured: _____
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

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

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: .032 inches Setting depth: From 70 feet to 110 feet

Type of completion (circle all applicable): (gravel packed) Underreamed 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

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BY: OLWR

County: Humphreys
 Permit #: GW-48578

For Office Use Only:
 Well #: 13332

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level →

Top soil + clay	15'
sand/clay mix	10'
coarse sand	20'
medium sand	10'
fine sand	20'
coarse + gravel	30'
coarse + gravel	5'

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top Soil + clay		15
sand/clay mix	15	25
coarse sand	25	45
medium sand	45	55
coarse sand	55	75
coarse + gravel	75	105
coarse sand	105	110

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) north arrow

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Landowner Name: _____

I HEREBY 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.

Tommy Peacock Lic # - 3409 10/22/14 Tommy Peacock
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: _____

Aquifer: _____

County: Humphreys
 Permit #: GW-42573
 Driller: Tommy Pasick
 Date completed: 10/18/14
 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>Debra Braswell Ector</u>	Latitude: <u>33-12-52</u> Longitude: <u>90-35-41</u>
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Belzoni</u> MS <u>39038</u>	<u>SE 1/4 SE 1/4, Sec 22 T 16 N R 04 W</u>
City State Zip Code	<u>5 1/2</u> Miles <u>S/E</u> of <u>Belzoni MS</u>
Telephone No. <u>(662) 836-7676</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 10/31/14 Rated Pump Capacity: 2500 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement well for GW 46262

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 35 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
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Robert Bynas 0-543 10/31/14 Robert Bynas
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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