

Filed 2-6-12

County: Humphreys
 Permit #: GW 45022
 Driller: Charles M. Nichols
 Date drilling completed: 4-27-11

State Well Report
Part 1 - Driller's Log

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 #: C195
 L. S. Elevation: _____
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Jimmy K. Purvis</u>	Latitude: <u>33° 11.041 N</u> Longitude: <u>90° 32.914 W</u>
Mailing Address: <u>P.O. BOX 880</u>	Method of Lat/Long (circle one): Conventional Survey, <u>02</u> SA
<u>Belzoni MS. 39038</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>58</u> <u>1/4</u> <u>9</u> <u>W</u> <u>1/4</u> Sec <u>31</u> <u>1/4</u> Twn <u>16</u> <u>N</u> Rng <u>03</u> <u>W</u>
Telephone No. <u>(662) 247-4240</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>W</u> of <u>Belzoni MS.</u>

Well / Borehole Data

Date drilling started: 4-27-11 Date drilling completed: 4-27-11 Hole depth: 90 Hole diameter: 20

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

Method of dosing and volume of Chlorine used in drilling and development: HTH

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: 24 feet above or below (circle one) land surface Date measured: 5-13-11

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Mix Bentonite

Casing length: 50 feet Casing diameter: 10 inches Type of casing: PK

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PK

Screen slot size: .032 inches Setting depth: From 50 feet to 90 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*

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 39219-0631
 (601)961-3210
 (601)954-6938 (fax)

County: Humphreys
 Permit #: _____
 Driller: Matt Nichols
 Date completed: _____
 Case Information from Mark on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: C195
 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>Mr. Jimmy Purvis</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>P.O. Box 880</u>	Method of Lat/Long (check one): Conventional Survey _____		
	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
<u>Belzoni MS 39038</u>	<u>SE 1/4 SW 1/4 Sec 31 T16N R03W</u>		
City State Zip Code	Distance	Direction	Nearest Town
	<u>3</u> Miles	<u>W</u>	of <u>Belzoni MS</u>
Telephone No. <u>(662) 247-4240</u>			

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Plunger	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____	<u>NIA</u>		Horse Power Rating of Motor: <u>30</u>		
Date Pump Installed: <u>5-13-2011</u>			Setting Depth: <u>50</u> feet		
Rated Pump Capacity: <u>1,500</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>NIA</u>	Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>NIA</u> Feet Below Land Surface	For flowing well, measured shot in head: <u>NIA</u> feet		
Drawdown ((B)-(A)): <u>NIA</u> Feet Below Land Surface	Well yielded: <u>NIA</u> GPM with a drawdown of _____		
Test Pumping Rate: <u>NIA</u> Gallons Per Minute	<u>NIA</u> feet per <u>NIA</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>NIA</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Robert Byars 0-543
 Print Name of Pump Installer and License No. (if applicable)
Robert Byars
 Signature of Pump Installer
 Form: OLWR-SWR-1B