County:	Humphre	ys
	GW-4607	
	Irrigation Equipment	
	ing completed:	05/24/2012

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:	C 198	
Well #:		_
L.S. Eleva	tion:	
E-log #:		_
2.05".		

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.

<i>D</i>	epartment at the above address within 30 days	of completion of ariting of the well or borenote.	
	Information on Well Owner	Well or Borehole Location	
(Lando)	wner if borehole is not for a water well)	22 2 22 1 22 11 2 2 2 2 2 2 2 2 2 2 2 2	
Owner Name	George Oconner	Latitude: 33 ° 12 ' 33 " Longitude: 90 ° 27 ' 14 "	
Mailing Address:	4512 Jefferson Ave.	Method of Lat/Long (check one): Conventional Survey,	
		☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS	
	Gulfport Ms 39501	NE 1/4 NE 1/4 Sec 25 / Twn 16N Rng 3W	
	City State Zip code	Distance Direction Nearest Town	
Telephone No.		3 Miles Northeast of Belzoni	
	Well / B	Sorehole Data	
Date drilling starte	ed: 05/24/2012 Date drilling completed: 05/	/24/2012 Hole depth: 117 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			
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			
	If uriting is not retailed to water well co	onstruction, sup the remainder of this block	
Purpose of Well (check one) ☐ Home ☐ Industrial ☐ Public Supply ☐ Irrigation ☐ Fish Culture ☐ Other:			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level: 27 feet above or below (check one) land surface Date measured: 05/26/2012			
Method of Measurement (check one) ⊠ steel tape ☐ electric tape ☐ air line ☐ other:			
Well depth: 117 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix			
Casing length: 77 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	78 feet to 117 feet	
Type of completion	on (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	

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BY: OLWR

The sketch	helaw anh	required t	or water wells

If well telescopes, show depths on sketch.

Ground level

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

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L	١	- 1	O

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	39
Fine Sand & Gravel	40	46
Medium Sand & Gravel	47	114
Clay	115	117

If more than one se	creen, show location of each on sketch	l		
aid			n; 2) any permanent structures or r items that may aid in locating	
Landowner Name:	George Oconner			
I certify that the well/ Mississippi Departme laws.	borehole was drilled, constructe nt of Environmental Quality and	d, and completed in according to the Mississippi Departm	rdance with all applicable requirement of Health regulations, if app	Form: OLWR-SWR-1A (04/08) rements of the blicable, and state
Patrick Chism Print Name of Responsible 1	0695 Licensee and License No.	06/01/2012 Date	Signature of Licensee	RECEIVED

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BY: OLWR

STATE WELL REPORT

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality

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 #:	C198	
Elevation:		

Driller: Irrigation Equipment

Date drilling completed: 05/24/2012

Copy information from block on Part 1

County: Humphreys
Permit #: GW-46071

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.

report must be attached and both parts filed with the Departmen	at at the above address within 30 days of well completion.		
Well Owner Information	Well Location		
Owner Name: George Oconner	Latitude: 33 12' 33 N Longitude: 90 27' 14 W		
Mailing Address: 4512 Jefferson Ave.	Method of Lat/Long (check one): Conventional Survey,		
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS		
Gulfport Ms 39501	NE 1/4 NE 1/4 Sec 25 T 16N R 3W		
City State Zip code	Distance Direction Nearest Town		
Telephone No(3 Miles Northeast of Belzoni		
Pump Type Check one	Power Type Check one		
☐ Air Lift ☐ Jet ☐ Submersible			
☐ Bucket ☐ Piston ☐ Turbine	☑ Diesel Engine ☐ Gasoline Engine ☐ Natural Gas ☐ Electric Motor ☐ Hand ☐ Tractor PTO		
☐ Centrifugal ☐ Rotary ☐ Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: 60		
Date Pump Installed: 05/26/2012	Setting Depth: 70 feet		
Rated Pump Capacity 2500+/- Gallons Per Minute	Number of Stages: 1		
Pump Test Data	Method of Measuring Water Level Check one		
Date Well Tested:	☐ Air Line ☐ Electric Measuring Line ☐ Steel Tape		
Static Water Level (A): Feet Below Land Surface	Other (specify):		
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 r	ny knowledge.		
Patrick Chism 0695	Pate		
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer RECEIVE		

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

JUN 0 8 2012