

### State Well Report Part I - 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:

Acquirer: D 78  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: GW-44343  
Driller: Charles M. Nichols  
Date drilling completed: 6/2/10

*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.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Rodgers + Rodgers Farms</u> Mailing Address: <u>3030 Hwy. 7</u> <u>Belzoni MS 39058</u> City State Zip Code Telephone No. <u>662-836-6436</u></p>		<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 14' 14" N</u> Longitude: <u>90° 26' 57" W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 8 Twp 16 N Rng 2 W</u> Distance <u>7</u> Miles Direction <u>N/E</u> of Nearest Town <u>Belzoni MS.</u></p>	
---	--	--	--

**Well / Borehole Data**

Date drilling started: 6/2/10 Date drilling completed: 6/2/10 Hole depth: 110 Hole diameter: 30"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (circle all applicable): No log run Electric Gammis 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: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

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

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

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

Screen slot size: .035 inches Setting depth: From 70 feet to 110 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 1

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10879  
 Jackson, MS 39208-0879  
 (601)961-5216  
 (800)334-6330 (Toll Free)

County: Humphreys  
 Project #:  
 Date: 5/1/2010  
 Date completed: 6-21-2010  
 (More information from block on Part 1)

Well Owner (See Part 1)  
 Aquifer:  
 Well #:  
 Elevation:

This report 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 submitted and both parts filed with the Department at the above address within 30 days of well completion.

**Well Owner Information**  
 Owner Name: Kenneth Rodgers  
 Mailing Address: 3020 State Hwy 7  
Belzoni MS 39022  
 Telephone No. 662 836-6436

**Well Location**  
 Latitude: N 33° 14' 14.9" Longitude: W 098° 26' 82.9"  
 National Grid Zone: 18QDS UTM Zone: 18QDS Survey Grid: GPS  
 Distance: \_\_\_\_\_ Direction: \_\_\_\_\_ Nearest Town: Belzoni, MS

**Pump Type**  
 Circle one  
 Air Lift   Submersible  
 Electric  Hydraulic  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 6-22-2010  
 Rated Motor Capacity: 1000 Gallons Per Minute

**Motor Type**  
 Circle one  
 Diesel Engine  Gasoline Engine  Hybrid Gas  
 Electric Motor  Wind  
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 30  
 Sinking Depth: 60 feet  
 Number of Stages: 1

**Pump Test Data**  
 Test Well Number: N/A  
 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

**Volume of Discharge (water level)**  
 Circle one  
 No flow  Limited Discharge (LDR)  Full Flow  
 Other (specify): \_\_\_\_\_  
 The following well construction data is being \_\_\_\_\_  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Robert Rogers License No. 2-0413 Signature of Pump Installer  
 Title Name of Pump Installer and License No. (if applicable) NAME OF WELL OWNER