

10" well

BRENT RODGERS

# STATE WELL REPORT

115

County: HUMBERT  
 Permit #: GW-50751  
 Driller: J. Newman 0-773  
 Date drilling completed: 6-12-19

**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)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Well #: D 95  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>M K Rodger</u>	Latitude: <u>33°14'58.0</u> Longitude: <u>090°26'07.3</u>
Mailing Address: <u>1227 Lake Road</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Belzon: <u>MS</u> <u>39038</u>	<u>NW<sup>SW</sup></u> <u>1/4</u> <u>NW</u> <u>1/4</u> , Sec <u>8</u> T <u>16N</u> R <u>2W</u>
City: _____ State: _____ Zip Code: _____	<u>9</u> Miles <u>NE</u> of <u>BELZON, MISS</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-12-19 Date drilling completed: 6-12-19 Hole depth: \_\_\_\_\_ 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: CHLORINE TABLETS

Logs run (check all applicable):  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 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: \_\_\_\_\_  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (check 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

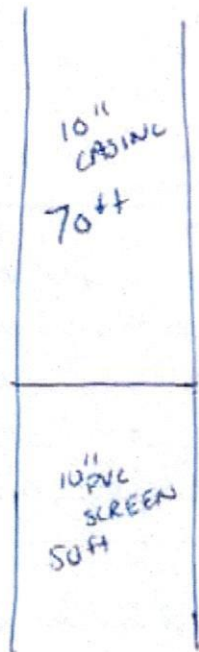
Screen slot size: 050 inches Setting depth: From 70 feet to 110 feet

Type of completion (check 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*



0-10 TOPSOIL  
10-45 FINE SAND  
45-70 " "  
70-110 MEDIUM COARSE SAND

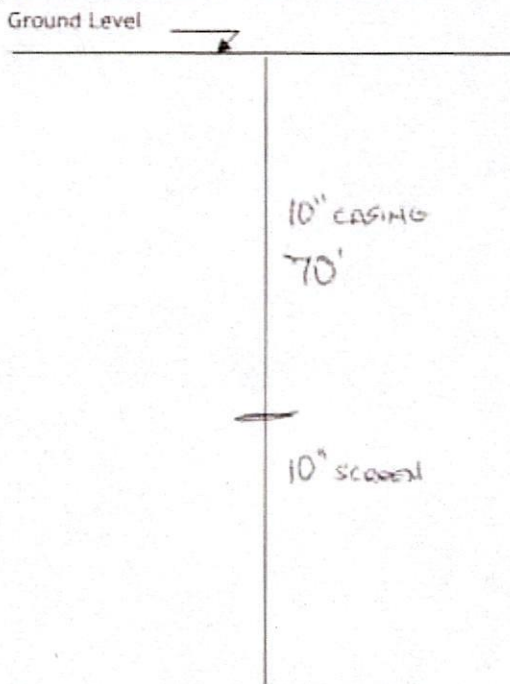


County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	10
CLAY	10	25
FINE SAND	25	55
MEDIUM / COARSE SAND	55	115
CLAY	115	120

- 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

Landowner Name: \_\_\_\_\_

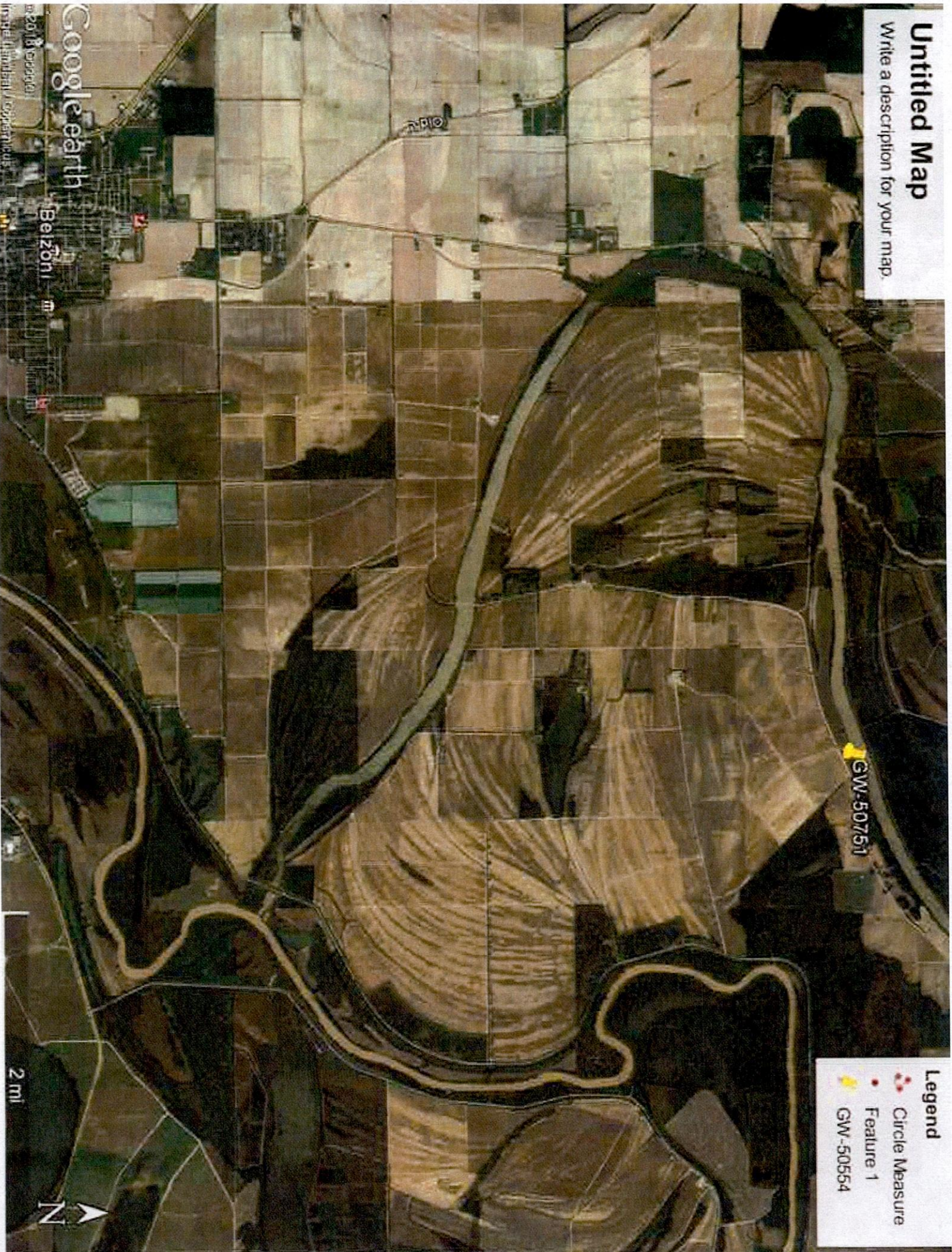
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JOHN NEWLOME 0-773      10-1-19      *[Signature]*  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee



# Untitled Map

Write a description for your map.



GW-50751

## Legend

- Circle Measure
- Feature 1
- GW-50554

2 mi



Google earth

BeZon

AP10



County: Humphreys  
 Permit #: GW-50751  
 Driller: J. Newcome  
 Date completed: 6/18/19  
*Copy information from block on Part 1*

**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 39223  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: D 95  
 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>MK Rodger</u>	Latitude: <u>33 14 58</u> Longitude: <u>90 26 07.3</u>
Mailing Address: <u>1227 Lake Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Belzoni</u> MS <u>39038</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> <sup>SW</sup> <u>1/4</u> <u>NW</u> <u>1/4</u> Sec <u>8</u> T <u>16N</u> R <u>2W</u>
Telephone No. ( ) _____	Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Belzoni</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30<sup>HP</sup></u>
Date Pump Installed: <u>6/18/19</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A) _____ Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B) _____ Feet Below Land Surface	Other (specify): _____
Drawdown ((B) - (A)): <u>N/A</u> 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 _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle 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.  
Hubbard Stephen P-741 Hubbard Stephen  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer