

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)

County: Humphreys
Permit #: GW-453631
Driller: J. NEWCOMB 0.773
Date drilling completed: 6-16-2011

For Office Use Only:
Aquifer: E 232
Well #: _____
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>Dennington Trust ALC</u>	Latitude: <u>33°08'53"</u> Longitude: <u>90°37'29"</u>
Mailing Address: <u>P.O. Box 809</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Dermott</u> <u>AR</u> <u>71638</u>	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>17</u> Twn <u>15N</u> Rng <u>04W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>8</u> Miles <u>WEST</u> of <u>BELZONI</u>
Well / Borehole Data	
Date drilling started: <u>6-16-2011</u> Date drilling completed: <u>6-16-2011</u> Hole depth: <u>112</u> Hole diameter: <u>24"</u>	
Location of the source of any surface water used for drilling: <u>DITCH</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>CHLORINE TABLETS</u>	
Logs run (circle all applicable) <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> 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: _____ Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>70</u> feet to <u>110</u> feet	
Type of completion (circle all applicable) <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A (04/08)

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BY: OLWF

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

For Office Use Only:

Aquifer: _____
 Well #: E 232
 Elevation: _____

County: Humphreys
 Permit #: GW-45363
 Driller: J. Newcome 0-773
 Date completed: 6.16.2011
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>Dennington Trust ALC</u>	Latitude: <u>33° 08' 53"</u> Longitude: <u>90° 37' 29"</u>
Mailing Address: <u>P.O. Box 809</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Dermott AR 71638</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>17</u> T <u>15N</u> R <u>04W</u>
Telephone No. (____) _____	Distance <u>8</u> Miles Direction <u>West</u> of Nearest Town <u>Beizoni</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6/18/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

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

This is for (circle one): ~~New Well~~ Replacement of Existing Pump Repair of Existing Pump

moved pump to re-drilled well

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Comp Rowe 0-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 08 2011
 BY: OLWR



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Map center: 419218, 1372590



Legend

- County Boundaries
- Township
- Public Land Survey System
- MS One Call Natchez Trace Parkway
- MS One Call Interstate Highway
- MS One Call US / State Highway
- MS One Call 3 digit State Highway
- MS One Call County Roads and Streets
- Incorporated Cities
- Other Urban (non-incorporated)
- NHD Other Areas (dbl streams and inun)
- adama07_m.sid
- alcoorn07_m.sid
- amle07_m.sid
- attala07_m.sid
- benton07
- bolivar07_m.sid
- calhoun07_m.sid
- carroll07_m.sid
- chickasaw07_m.sid
- choctaw07_m.sid
- clalborne07_m.sid
- clarke07_m.sid

Scale: 1:22,208