

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: _____
Well #: E 237
L. S. Elevation: _____
E-log #: _____

County: HUMPHREYS
Permit #: GW - 46098
Driller: J. NEWCOME 0.773
Date drilling completed: 3.16.13

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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>PAT ROBERTS</u> | Latitude: <u>33° 08' 18"</u> Longitude: <u>90° 36' 10"</u> |
| Mailing Address: <u>P.O. Box 662</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>BELZON</u> , <u>MS</u> <u>39038</u> | <u>SW 1/4 SW 1/4 Sec 15</u> Twn <u>15N</u> Rng <u>04W</u> |
| City State Zip Code | Distance Direction Nearest Town <u>8</u> Miles <u>S.W.</u> of <u>BELZON</u> |
| Telephone No. () _____ | |

Well / Borehole Data

Date drilling started: 3.16.13 Date drilling completed: 3.16.13 Hole depth: 122 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 (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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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*

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BY: OLWR

STATE PUMP 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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Humphreys
 Permit #: GW-46098
 Driller: J. Newcome
 Date completed: 3-16-13

For Office Use Only:

Aquifer: _____
 Well #: E 237
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|---------------------------------------|--|
| Owner Name: <u>Pat Roberts</u> | Latitude: <u>33° 08' 18"</u> Longitude: <u>90° 36' 10"</u> |
| Mailing Address: <u>P.O. Box 662</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey. |
| <u>Belzoni</u> <u>MS</u> <u>39038</u> | USGS quad. <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS |
| City State Zip | <u>SW 1/4 SW 1/4 Sec 15 Twn 15N Rng 04W</u> |
| Telephone No. () _____ | Direction Nearest Town |
| | <u>8</u> Miles <u>SW</u> of <u>Belzoni</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>30^{HP}</u> |
| Date Pump Installed: <u>3-17-2013</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>1000</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| <u>Not Tested</u> Pumping Water Level (B): _____ Feet Below Land Surface | <u>Not Tested</u> |
| 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 _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

Hubbard Stephens 7411-P Hubbard Stephens
 Print Name of Pump Installer and License # (if applicable) Signature of Pump Installer

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