

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: E 241
Aquifer: _____
E-Log #: _____

County: Lumbard
Permit #: BW-47343
Driller: Tommy Powell
Date drilling completed: 4/25/13

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Peter Hairston</u>	Latitude: <u>33-08-43</u> Longitude: <u>90-33-37</u>
Mailing Address: <u>PO Box 130</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Silver City MS 39166</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4, Sec 13 T 15N R 04W</u>
Telephone No. (____) _____	<u>12</u> Miles <u>West</u> of <u>Belzoni</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>4/25/13</u> Date drilling completed: <u>4/25/13</u> Hole depth: <u>115'</u> Hole diameter: <u>28"</u>
Location of the source of any surface water used for drilling: <u>ditch 1 mile East of new well</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorinated in tank</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>28'</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>4/25/13</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>115'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>75'</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40'</u> feet Screen diameter: <u>16"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>1.30"</u> inches Setting depth: From <u>75'</u> feet to <u>115'</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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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Google earth

feet
km



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Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

April 16, 2013

Peter Hairston
~~PO Box 228~~ P.O. Box 130
~~Belzoni MS 39038~~ Silver City MS. 39166

RE: Well Construction / Authorization to drill

Permit No: GW-47343(Replacement Well for GW-09394)

Dear Peter Hairston,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

Location: SW1/4 of the NE1/4 Section 13 Township 15N Range 04W County Humphreys
Latitude: 33 08 43 Longitude: 90 33 37

A copy of this notice or a water use permit must be attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report must be mail or faxed to YMD Joint Water Management District.

All applications must meet the Mississippi Department of Environmental Quality rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call YMD at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director

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