

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

County: Humphrey  
Permit #: \_\_\_\_\_  
Driller: Tow Co: AP: 14 Water Well  
Date drilling completed: 3/10/09

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: F 202  
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>Kelly Oil Co, Inc.</u>	Latitude: <u>33° 09' 13"</u> Longitude: <u>90° 31' 53"</u>
Mailing Address: <u>P.O. Box 1114</u> <u>Sherman, TX 75091</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 8 Twn 15N Rng 3W</u>
Telephone No. <u>(601) 362-5121</u>	Distance: <u>5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Belzoni</u>

**Well / Borehole Data**

Date drilling started: 3/9/09 Date drilling completed: 3/10/09 Hole depth: 120' Hole diameter: 8"

Location of the source of any surface water used for drilling: Reserve Pit  
Method of dosing and volume of Chlorine used in drilling and development: 2 # 147# 11,000 gal.

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: oil Rig Supply

If a flowing well, method of flow regulation: Valve 1 1/4 Other (describe) \_\_\_\_\_

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 3/10/09

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: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.020 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: 2 1/4 feet. *If telescoped or more than one screen, describe on next page*

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

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# 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)

County: Humphrey  
 Permit #: \_\_\_\_\_  
 Driller: Tom Griffith  
 Date completed: 3/10/09  
*WTF-211*  
*211*  
 Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F 202  
 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>Kelly Oil Co., Inc</u>	Latitude: <u>33-09-13</u> Longitude: <u>90-31-52</u>
Mailing Address: <u>PO Box 1114</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sherman, Tx 75091</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 8 T. 15N R. 3W</u>
Telephone No. <u>601 362 5121</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>Belzoni</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3/10/09</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/10/09</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>2/10</u> feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>85</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</u> hours	

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

Tom Griffith Print Name of Pump Installer and License No. (if applicable) 0-402 Signature of Pump Installer

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

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