

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: F 209
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: HUMPHREYS
Permit #: GLW-47001
Driller: J. NEWCOME 0-773
Date drilling completed: 5/25/13

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>STEVE GRISHAM</u> Mailing Address: <u>4301 ST HWY 12E</u> <u>BERDON, MS 39038</u> City State Zip Code Telephone No. () _____	Latitude: <u>33° 09' 11"</u> Longitude: <u>90° 29' 36"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 15 Twn 15N Rng 03W</u> Distance Direction Nearest Town <u>1</u> Miles <u>S</u> of <u>BERDON</u>
Well / Borehole Data	
Date drilling started: <u>5.25.13</u> Date drilling completed: <u>5.25.13</u> Hole depth: <u>112</u> Hole diameter: <u>20"</u>	
Location of the source of any surface water used for drilling: <u>RIVER</u> Method of dosing and volume of Chlorine used in drilling and development: <u>CHLORINE TABLETS</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 (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: <u>112</u> 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>10</u> inches Type of casing: <u>P.V.C.</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</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): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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: MSW-104/08

JUL 10 2013

BY: OLWR

PUMP INSTALLER COMPLETION REPORT

County: Humphreys
 Permit #: GW-47001
 Driller: J. Newcome 0-773
 Date completed: 5/25/13
 Copy information from block on Part 1

Pump Installer Completion Report
 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 #: _____
 Aquifer: _____

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>Steve Griskam</u>	Latitude: <u>33.09.11</u> Longitude: <u>90.29.36</u>
Mailing Address: <u>4301 st Hwy 12 E</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Belzoni</u> MS <u>39038</u>	<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>15</u> T <u>15N</u> R <u>03W</u>
City State Zip Code	<u>1</u> Miles <u>S</u> of <u>Belzoni</u>
Telephone No. (____)	Direction: (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6/4/13 Rated Pump Capacity: 600 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 10 HP Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: Not tested Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (circle one): Steel tap Electric tape Air line Other (describe): _____

Measured shut in head: Not tested feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping.

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Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: No Meter Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Hubbard Stephens 741-P 6/25/13 Hubbard Stephens
 Print Name of Pump Installer and No. of Meter Signature of Pump Installer