

STATE WELL REPORT

Part I

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 (tax)

For Office Use Only:

Well #: F216
 Aquifer: _____
 E-Log #: _____

County: Humphreys
 Permt #: GW-48089
 Driller: Richard Foster
 Date drilling completed: 3-28-14

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 (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Melvin & Mary Farms</u>		Latitude: <u>N33° 9' 51.12"</u>	Longitude: <u>W90° 28' 16.26"</u>
Mailing Address: <u>124 Perks Road</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Belzoni</u> MS <u>39038</u>		ISGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____	
City State Zip Code		<u>NE 1/4 NE 1/4, Sec 11 T 15N R 03W</u>	
Telephone No. <u>(662) 936-6511</u>		<u>1.72</u> Miles <u>SE</u> of <u>Belzoni</u>	
		(Distance) (Direction) (Nearest Town)	

Well / Borehole Data	
Date drilling started: <u>3-28-14</u>	Date drilling completed: <u>3-28-14</u> Hole depth: <u>118'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>Hauled water 1/2 mile out of pond</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
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 (circle one): <u>Water Well</u> 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 (circle all applicable): Home Industrial Public Supply <u>Irrigation</u> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>18</u> feet (above or below) land surface (circle one) Date measured: <u>5-6-14</u>	
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____	
Well depth: <u>118'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>68</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>68</u> feet to <u>118</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

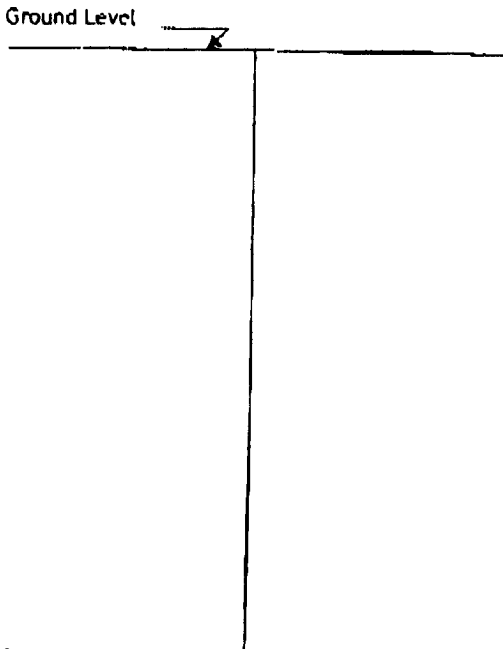
County: Humphreys
 Permit #: GW-48082

For Office Use Only:
 Well #: F216

The sketch below only required for water wells

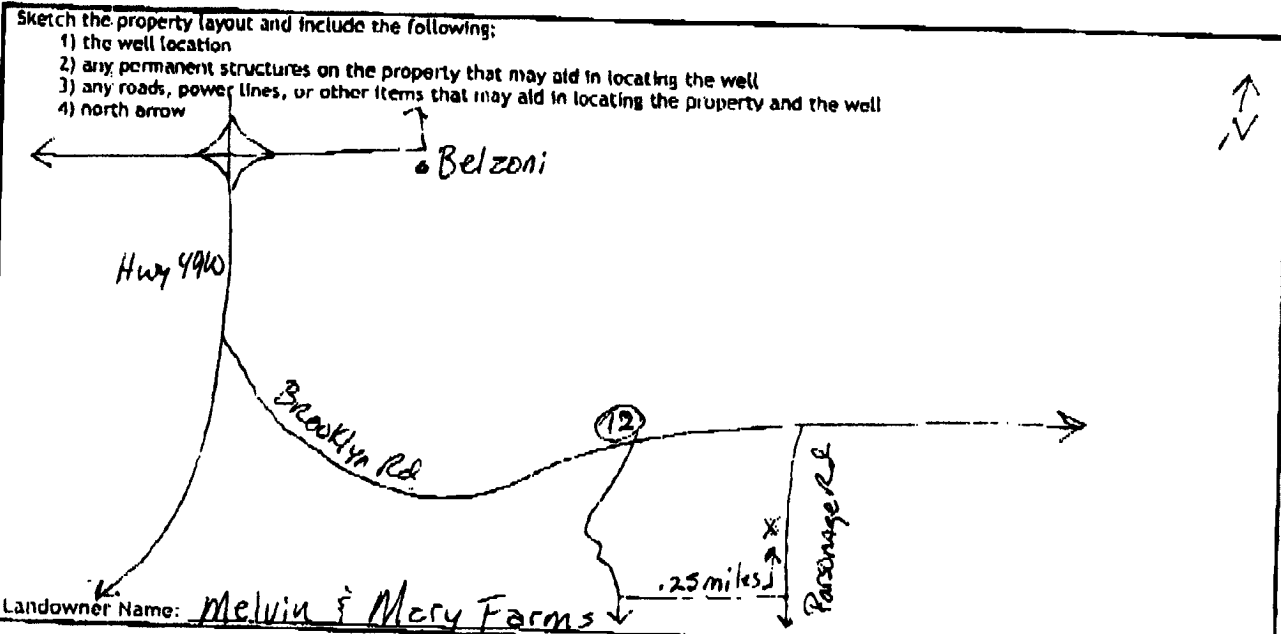
If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	13
Medium Sand	13	38
Medium Sand & Pea Gravel	38	45
Medium Sand, Gravel, Pea Gravel & Clay	45-	118

If more than one screen, show location of each on sketch



Landowner Name: Melvin & Mary Farms

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703 5-8-14 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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

For Office Use Only:

Well #: F216
 Aquifer: _____

County: Humphreys
 Permit #: GW-48087
 Driller: John Rybolt
 Date completed: 5-6-14
 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>Melvin & Mary Farms</u>		Latitude:	<u>N33° 9' 51.17"</u>
Mailing Address:	<u>124 Parks Road</u>		Longitude:	<u>W90° 28' 16.26"</u>
City:	State:	Zip Code:	Method of Lat/Long (check one): Conventional Survey _____	
<u>Belzoni</u>	<u>MS</u>	<u>39038</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. (<u>662</u>) <u>836-6511</u>			<u>NE 1/4 NE 1/4, Sec 11 T 151N R 03W</u>	
			<u>1.72</u> Miles (Distance)	<u>SE</u> of <u>Belzoni</u> (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-6-14 Rated Pump Capacity: _____ 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: 60 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours

Static Water Level (A): 18 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown ((B) - (A)): N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons Per Minute

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

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

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

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 12-02816

Meter Model Number/Name: M0310 Type of Meter: Bolt on Saddle

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

Installation Date: 5-6-14 Meter Installed by: Mid-South Water, LLC

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.

Clayton Miller 0-703 5-8-14 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer