

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 #: F219
 Aquifer: _____
 E-Log #: _____

County: Humphreys
 Permit #: GW-47002
 Driller: J. NEWCOME 0.773
 Date drilling completed: 7.31.2013

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>Steve Grisham</u>	Latitude: <u>33°09'48"</u> Longitude: <u>090°28'54"</u>
Mailing Address: <u>4301 Hwy 12E</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Belzoni</u> City <u>MS</u> State <u>39038</u> Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4, Sec <u>11</u> , T <u>15N</u> R <u>03W</u>
Telephone No. (____) _____	<u>1.5</u> Miles <u>S</u> of <u>BELZONI</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

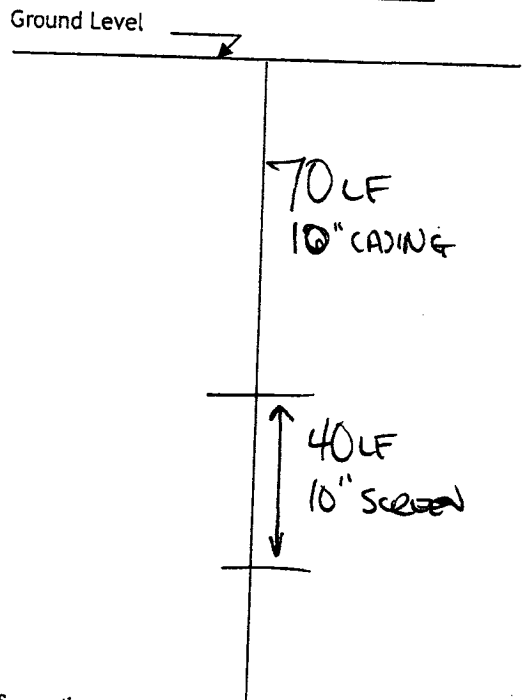
Date drilling started: 7.31.13 Date drilling completed: 7.31.13 Hole depth: 112 Hole diameter: 20"
 Location of the source of any surface water used for drilling: SLUGH
 Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet [above or below] land surface Date measured: _____
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 70 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 70 feet to 110 feet
 Type of completion (circle all applicable): Gravel packed Underreamed 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

County: Humphreys
Permit #: GW-47002

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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	10
CLAY SAND	10	20
SAND	20	55
MEDIUM SAND	55	70
MEDIUM (WAZIE SAND)	70	110
BOTTOM	110	112

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

- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow

SEE MAP

Landowner Name: _____

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.

JOHN NEWOME 0-773
Print Name of Responsible Licensee and License No.

7.31.2013
Date

[Signature]
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 #: F219
Aquifer: _____

County: Humphreys
Permit #: GW-47002
Driller: J. Newcome 0-773
Date completed: 7-31-13
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>Steve Grisham</u>	Latitude: <u>33 09 48</u>	Longitude: <u>90 28 54</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Mailing Address: <u>4301 Hwy 12 E</u>	SE $\frac{1}{4}$ NW $\frac{1}{4}$, Sec 11 T 15N R 03W			
City: <u>Belzon</u> State: <u>MS</u> Zip Code: <u>39038</u>	1.5 Miles <u>S</u> of <u>Belzoni</u> (Distance) (Direction) (Nearest Town)			
Telephone No. (____) _____				

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 8-5-13 Rated Pump Capacity: 1000 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: 30HP 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): Not tested 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 tape Electric 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: _____ 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 8-26-13 Hubbard Stephens
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
Form: OLWR-SWR-2A (4/13)