

6046456

### 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: K193  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lumpkin  
Permit #: 6046456  
Driller: J. NEWCOME 0773  
Date drilling completed: 10.23.12

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Blue Horse Farms</u>	Latitude: <u>32° 59' 11"</u> Longitude: <u>90° 35' 39"</u>
Mailing Address: <u>9216 Hwy 149</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
<u>Yazoo City MS 39194</u> City State Zip Code	NW 1/4 <u>SW</u> 1/4 Sec <u>10</u> Twn <u>13N</u> Rng <u>04W</u>
Telephone No. ( ) _____	Distance <u>SE</u> Direction Nearest Town <u>.5</u> Miles <u>N.W.</u> of <u>LOUISE</u>

#### Well / Borehole Data

Date drilling started: 10.23.12 Date drilling completed: 10.23.12 Hole depth: 122 Hole diameter: 24"

Location of the source of any surface water used for drilling: LAKE  
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 (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: \_\_\_\_\_

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: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cemen Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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BY: OLWR



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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Humphreys  
 Permit #: 60-45527  
 Driller: J. Newcome 0.773  
 Date completed: 10-23-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K193  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Blue Horse Farms</u>	Latitude: <u>32° 59' 11"</u> Longitude: <u>90° 35' 39"</u>
Mailing Address: <u>9216 Hwy 149</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Vareo City MS 39194</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 23 Twn 13N Rng 04W</u>
Telephone No. ( ) _____	Distance <u>5</u> Miles Direction <u>SE</u> Nearest Town <u>10</u>
	<u>0.5</u> Miles <u>N.W.</u> of <u>Louise</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50HP</u>
Date Pump Installed: <u>10-25-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>Not</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>Not</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>Not</u> Feet Below Land Surface	Well yielded <u>Not</u> GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Hubbard Stephens 741P Hubbard Stephens  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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K193



Google earth



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