

County: Issaquena
Permit #: GW-44401 ✓
Driller: Irrigation Equipment
Date drilling completed: 03/27/2012

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: B80
Well #: _____
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>Albert Mahalite</u>	Latitude: <u>32 ° 54 ' 56 "</u> Longitude: <u>90 ° 58 ' 04 "</u>
Mailing Address: <u>6500 Hwy 14 West</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Rolling Fork</u> <u>Ms</u> <u>39159</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>6</u> ✓ Twn <u>12N</u> ✓ Rng <u>8W</u>
Telephone No. () -	Distance Direction Nearest Town
	<u>4</u> Miles <u>West</u> of <u>Rolling Fork</u>

Well / Borehole Data

Date drilling started: 03/27/2012 Date drilling completed: 03/27/2012 Hole depth: 118 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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 flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 15 feet above or below (check one) land surface Date measured: 05/14/2012

Method of Measurement (check one) steel tape electric tape air line other: _____

Well depth: 118 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 79 feet to 118 feet

Type of completion (check 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*

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

RECEIVED
JUN 08 2012
BY: OLWR

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)

For Office Use Only:

Aquifer: _____
Well #: B80
Elevation: _____

County: Issaquena
Permit #: GW-44401
Driller: Irrigation Equipment
Date drilling completed: 03/27/2012
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>Albert Mahalite</u>	Latitude: <u>32 54' 56 N</u> Longitude: <u>90 58' 04 W</u>
Mailing Address: <u>6500 Hwy 14 West</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Rolling Fork</u> <u>Ms</u> <u>39159</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE 1/4 SE 1/4 Sec 6</u> T <u>12N</u> R <u>8W</u>
Telephone No. () - _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>West</u> of <u>Rolling Fork</u>

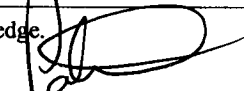
Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>05/14/2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>1600+/-</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Patrick Chism 0695
Print Name of Pump Installer and License No. (if applicable)


Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-1C (07-09)
JUN 08 2012

BY: OLWR