

Nipper 10" #4
 County: Issaquena
 Permit #: GW-50757
 Driller: J. Newcome 0-773
 Date drilling completed: 4/23/19

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: B 102
 Aquifer: _____
 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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location	
Owner Name: <u>Nipper Farm Partnership</u>			Latitude: <u>32 55 02</u> Longitude: <u>91 00 17</u>	
Mailing Address: <u>67 Plantation Drive</u>			Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Rolling Fork</u> State: <u>MS</u> Zip Code: <u>39154</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. () _____			<u>SW 1/4 NE 1/4, Sec 8 T 12N R 8W</u>	
			<u>3</u> Miles <u>N.E.</u> of <u>Mayersville</u>	
			(Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 4-23-19 Date drilling completed: 4-23-19 Hole depth: 103 Hole diameter: 20

Location of the source of any surface water used for drilling: Ditch

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): 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 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 (check one) Date measured: _____

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

Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 60 feet to 100 feet

Type of completion (check 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

Untitled Map

Write a description for your map.

Legend

- Circle Measure
- Feature 1
- GW-50554



County: Issaquena
 Permit #: GW-50757
 Driller: S. Newcome
 Date completed: 6-20-19
Copy information from block on Part 1

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 #: B 102
 Elevation: _____

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>Nippe Farm Partnership</u>	Latitude: <u>32 55 02</u> Longitude: <u>91 00 17</u>
Mailing Address: <u>67 Plantation Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rolling Fork</u> MS <u>39159</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 8 T 12N R 8W</u>
Telephone No. () _____	Distance _____ Miles Direction _____ Nearest Town _____
	<u>3</u> Miles <u>N.E.</u> of <u>Mayersville</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <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>30 hp</u>
Date Pump Installed: <u>4/30/19</u>	Setting Depth: <u>75</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

This is for (circle 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
Hubbard Stephens P-741
 Print Name of Pump Installer and License No. (if applicable) Hubbard Stephens
 Signature of Pump Installer