

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)261-5210
(601)369-6535 (Fax)

For Office Use Only:

Well #: E100
Applic: _____
E-Log #: _____

County: Leflore 41314
Permit #: GW-47814
Driller: Tommy Perceak
Date drilling completed: 5/3/14

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>ASA Bennett</u>	Latitude: <u>33°42'56"</u> Longitude: <u>90°13'01"</u>
Mailing Address: <u>605 Robert E. Lee Drive</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <u>X</u> Survey-grade GPS _____
<u>Greenwood</u> MS <u>38930</u>	<u>SE 1/4 NW 1/4, Sec 05 T21N R01E</u>
City State Zip Code	<u>3</u> miles <u>South</u> of <u>Phillip</u>
Telephone No. <u>(662) 453-0504</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5/3/14 Date drilling completed: 5/3/14 Hole depth: 108' Hole diameter: 26"
Location of the source of any surface water used for drilling: Ditch 1 mile SE of well site
Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tank
Logs run (circle all applicable): No log run Electric Gamm Ray Density Sonic Neutron Other: _____
Name of organization running logs: _____
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: 108' Well grouted to a depth of: 10 feet Type of grout (circle one): Best Cement Specialty Mix
Casing length: 68 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 68 feet to 108 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 interrupted or more than one screen, describe on next page

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 #: _____

Aquifer: _____

County: LEFLORE

Permit #: GW-47314

Driller: TOMMY PEACOCK

Date completed: 5-3-14

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>BARE BONES FARMS</u>	Latitude: <u>33° 42.56"</u> Longitude: <u>90° 13.01"</u>
Mailing Address: <u>605 ROBERT E LEE DR</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GREENWOOD</u> <u>MS</u> <u>38930</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4, Sec 05 T 21N R 01E</u>
Telephone No. <u>(662) 453-0504</u>	<u>3</u> Miles <u>S</u> of <u>PHILLIP</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-8-14 Rated Pump Capacity: 3000 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: 80 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ 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: Mcrometer Meter Serial Number: 14-08740

Meter Model Number/Name: 110310 Type of Meter: GROUND WATER

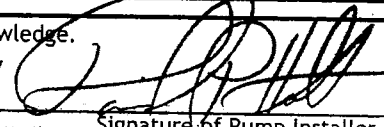
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: 5-16-14 Meter installed by: CIRCLE S IRRIGATION

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.

DAVID P. HOLT 0-752P 6-6-14 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

14-0293