

**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 #: H 172  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: LEFlore  
Permit #: GW-47138  
Driller: Joel Jumper  
Date drilling completed: 5-15-13

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>ASA Bennett</u>	Latitude: <u>33-37-47</u> Longitude: <u>90-11-19</u>
Mailing Address: <u>605 Robert E Lee Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Greenwood</u> <u>MS</u> <u>38930</u>	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>03</u> T <u>20N</u> R <u>01E</u>
City State Zip Code	<u>2</u> Miles <u>SE</u> of <u>Money</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5-15-13 Date drilling completed: 5-15-13 Hole depth: 106 Hole diameter: 28 in

Location of the source of any surface water used for drilling: Nearest Well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 116 feet [above or  below] land surface Date measured: 5-15-13

Method of measurement (circle one):  Steel tape  Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 106 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

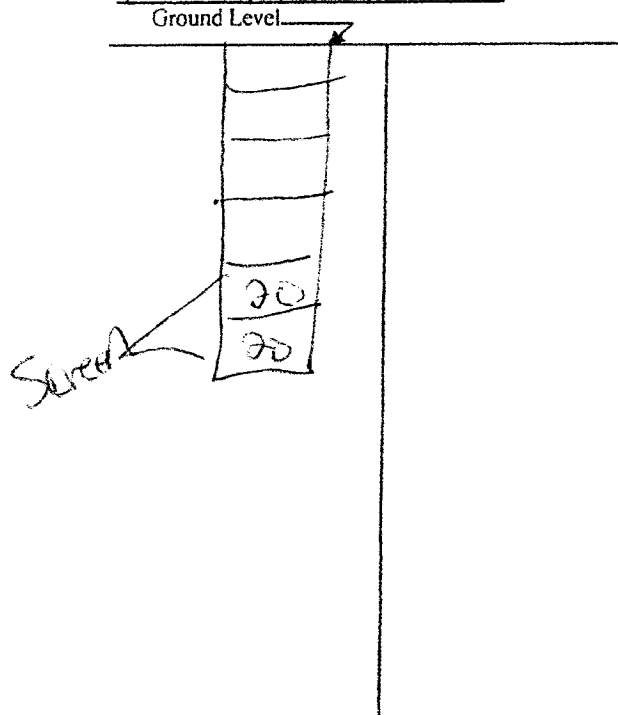
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
sand	20	40
Coarse sand	40	60
Coarse sand	60	80
gravel	80	100
gravel	100	106

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) a north arrow.

Landowner Name: ASA Bennett

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

I 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.

Print Name of Responsible Licensee and License No. Jeb Jumper 5317

Date 5-15-13

Signature of Licensee [Handwritten Signature]

# 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)

County: LEFLORE  
 Permit #: GW-47138  
 Driller: JOEL JUMARIZ  
 Date completed: 5-15-13  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: H172  
 Aquifer: \_\_\_\_\_

*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° 37' 47"</u> Longitude: <u>90° 11' 19"</u>
Mailing Address: <u>605 ROBERT E LEE DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>GREENWOOD</u> City <u>MS</u> State <u>38930</u> Zip Code	<u>NW 1/4 NW 1/4</u> , Sec. <u>03</u> , T <u>20N</u> R <u>01E</u>
Telephone No. <u>(662) 453-0504</u>	<u>2</u> Miles <u>SE</u> of <u>MOORE</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 5-20-13 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): 16 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: McCometer Meter Serial Number: 13-00386

Meter Model Number/Name: M0310 Type of Meter: MECHANICAL

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

Installation Date: 5-25-13 Meter installed by: Crick S Irrigation, Inc

Is This Meter (circle one):  New  Repaired  Replacement

**RECEIVED**  
JUN 05 2013  
**BY: OLWR**

*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 6-3-13 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

13-0352