

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
(601)961-5210
(601)961-5228 (fax)

County: Leflore 083
Permit #: MS-GW-45889
Driller: Kelly Vest
Date drilling completed: 12/17/13

For Office Use Only:
Aquifer: _____
Well #: 083
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) Owner Name: <u>KK Henderson Kent</u> Mailing Address: <u>47500 CRS12</u> <u>Sidon</u> <u>MS</u> <u>38954</u> City State Zip Code Telephone No. () <u>662-392-9141</u> | Well or Borehole Location Latitude: <u>33° 27' 18"</u> Longitude: <u>-90° 12' 18"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 04 Twn 18N Rng 01E</u> ✓ Distance <u>4</u> Miles Direction <u>South</u> of Nearest Town <u>Greenwood, MS</u> |
|---|--|

Well / Borehole Data

Date drilling started: 12/16/13 Date drilling completed: 12/17/13 Hole depth: 110 Hole diameter: 16

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: 0

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: 40' feet above of below (circle one) land surface Date measured: _____

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From _____ feet to _____ 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: 0 feet. *If telescoped or more than one screen, describe on next page*

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

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33.455

APR 15 2014

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)

County: Lefflore
 Permit #: MS-GW-45889
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 083
 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>Kent, K.K. Henderson</u> | Latitude: <u>33° 27' 18"</u> Longitude: <u>-90° 12' 18"</u> |
| Mailing Address: <u>42500 County Road 512</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>SIDON</u> Miss <u>38954</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>SW 1/4 NW 1/4 Sec 4 T 18N R 01E</u> |
| Telephone No. () <u>662 342-9141</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>South</u> of <u>Goenwood MS</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>40</u> |
| Date Pump Installed: <u>12/15/13</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>200</u> Gallons Per Minute | Number of Stages: <u>3</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line 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 | |

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

Kelly Vest UNR 0452 Kelly Vest
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

APR 15 2014