	State Well Report				
County: Leflore	Part 1 – Driller's Log		For Office Use Only:		
Permit #: G-W-45141	Mississippi Department of Environmental Quality		Aquifer: 7 /65		
Irrigation Equipment	Office of Land and Water Resources P.O. Box 2309		Well #:		
		n, MS 39225 961- 5210	L. S. Elevation:		
Date drilling completed: 4-19-11	(601)961- 5210 (601)961- 5228 (fax)		E-log #:		
State Law requires that this report be prepared by the license holder responsible for the work and filed with t					
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 Frank S. Brumfield		Latitude: <u>33° 18</u> , <u>41.</u>	" Longitude: 10 ° 26 , 23.6		
Mailing Address: 414 N. Orleans Street		Method of Lat/Long (circle one): Conventional Survey,			
Suite 201		USGS quad, Hand-held GPS, Survey-grade GPS SE 1/4 NE 1/4 Sec 30 Twn 17 N Rng 2 W			
Chicago 11	Chicago 1L 60654 City State Zip Code Distance Direction		Twn 17N kng 2W		
		Distance Direction Miles	Nearest Town of Swiftown		
Telephone No. ()					
	Well / Borehole Data				
Date drilling started: 4-19-11 Date drilling completed: 4-19-11 Hole depth: 127 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 (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: 23 feet above or below (circle one) land surface Date measured: 4-25-11					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix					
Casing length: 87 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 88 feet to 127 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: _______feet. If telescoped or more than one screen, describe on next page

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.....

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

Description of Formations Encountered	From (depth)	To (depth)
Medium Sand	Ground Level	27
Fine Sand	18	57
Medium Sand	58	70
Course Sand	7/	90
Medium Sand	91	104
Course Sand	105	117
Course Sand + Rock	118	לגו
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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 perma aid in locating the well; 3) any roads, power lines, or other items that may 4) a north arrow.	nent structures on the property that may aid in locating the property and the well;
Landowner Name: Frank Brumfield	
I certify that the well/borehole was drilled, constructed, and completed in accordance	Form: OLWR-SWR-1A (04/08)
Mississippi Department of Environmental Quality and the Mississippi Department	
laws. Patrick M. Chism 0695	
Print Name of Responsible Licensee and License No. Date	Signature of Licensee

STATE WELL REPORT For Office Use Only: County: Leflore Part 2 Aquifer: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Irrigation Equipment Office of Land and Water Resources P165 Driller: Well#: P.O. Box 2309 Jackson, MS 39225 4-19-11 Date completed: Elevation: (601)961-5210 (601)961-5228 (fax) 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: Frank S. Brumfield Latitude: Longitude: Mailing Address: 414 N. Orleans Street Method of Lat/Long (check one): Conventional Survey , USGS quad____, Hand-held GPS___, Survey-grade GPS SE MNF M Sec 30 TITN R 2W Direction Nearest Town Miles NW of Swiftown Telephone No. (____)_ Power Type Pump Type Circle one Circle one Air Lift Submersible Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO (Turbine) Bucket Piston Flowing Well Windmill Other (specify): Centrifugal Rotary 80 Horse Power Rating of Motor: _ Other (specify): 4-25-11 Date Pump Installed: Setting Depth: feet Gallons Per Minute Number of Stages: Rated Pump Capacity: Method of Measuring Water Level **Pump Test Data** 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 Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in head: _____feet Well yielded _____GPM with a drawdown of Test Pumping Rate: _____ Gallons Per Minute feet after hours of pumping Duration of Pump Test (minimum 4 hours): Repair of Existing Pump New Well Replacement of Existing Pump This is for (circle one):

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

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Patrick M. Chism

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

Form: OLWR-SWR-1C (07-09)

Signature of Pump Installer