

#1

County: Quitman  
 Permit #: GW45219 ✓  
 Driller: Clarence McMurry  
 Date drilling completed: 6-6-11

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39226  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: D33  
 Well #: \_\_\_\_\_  
 U. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the licence 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)	Well or Borehole Location
Owner Name: <u>Charles Walker Farms</u>	Latitude: <u>N34° 16' 57.5"</u> Longitude: <u>W90° 23' 16"</u>
Mailing Address: <u>P.O. Box 348</u>	Method of Lat/Long (circle one) Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Marks MS 38646</u> City State Zip Code	NW & SE Sec <u>22</u> Twn <u>28N</u> Rng <u>2W</u>
Telephone No. <u>(662) 444-4063</u>	Distance Direction Nearest Town <u>7</u> Miles <u>West</u> of <u>Marks</u>
Well / Borehole Data	
Date drilling started: <u>6-6-11</u> Date drilling completed: <u>6-6-11</u> Hole depth: <u>136'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>near by ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>	
Static Water Level: <u>22</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-10-11</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>136'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Best Cement</u> Bentonite Mix	
Casing length: <u>86</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>86</u> feet to <u>136</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe) _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>	



# 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 Quitman  
 Permit #: GW-45219  
 Driller: John Rybolt IV  
 Date completed: 6-10-11  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: D33  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well constructor 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>Charles Walker Farms</u>	Latitude: <u>N34° 16' 57.25"</u> Longitude: <u>W90° 23' 16"</u>
Mailing Address: <u>P.O. Box 348</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Marks MS 38646</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/2 Sec. <u>22 T 28N R 2W</u>
Telephone No. <u>(662) 444-4063</u>	Distance Direction Nearest town
	<u>? Miles West of Marks</u>

**Pump Type**  
 Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<u>Peristaltic</u>
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_  
 Date Pump Installed: 6-10-11  
 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

**Power Type**  
 Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): <u>Gear Drive</u>	

Horse Power Rating of Motor: 60  
 Setting Depth: 20 feet  
 Number of Stages: 1

**Pump Test Data**

Date Well Tested: NOT TESTED  
 Static Water Level (A): 22 Feet Below Land Surface  
 Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface  
 Test Pumping Rate: N/A Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): N/A hours

**Method of Measuring Water Level**  
 Circle one

Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: N/A feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

Clayton Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller  
 Signature of Pump Installer