

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Quitman
Permit #: 44364 ✓
Driller: Joel Jumper
Date drilling completed: 3/1/09

For Office Use Only:
Aquifer: _____
Well #: D 35
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: Jabe Denton
Mailing Address: Drawes 200
Mark's Ms 38646
City State Zip Code
Telephone No. (____) _____

Well or Borehole Location

Latitude: 34° 15' 16" Longitude: 90° 22' 45"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS Survey-grade GPS
SW 1/4 NW 1/4 Sec 35 Twn 28N Rng 2W ✓
Distance _____ Direction _____ Nearest Town _____
Miles _____ of _____

Well / Borehole Data

Date drilling started: 3/1/09 Date drilling completed: 3/1/09 Hole depth: 120 Hole diameter: 16
Location of the source of any surface water used for drilling: Ditch
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 (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: 20 feet above or below (circle one) land surface Date measured: 3/5/09
Method of Measurement (circle one) well tap electric tape air line other: _____
Well depth: 120 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Portland Mix
Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 80 feet to 120 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)*

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Coahoma
Permit #: _____
Driller: Joel Jumper
Date completed: 3/5
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: D35
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>Jaibe Denton</u>	Latitude: <u>34 15 27</u> Longitude: <u>90 22 25</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 NW 1/4 Sec 35 T 28 N R 2 W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>3/5</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1300</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>1300</u> GPM with a drawdown of
Test Pumping Rate: <u>1300</u> Gallons Per Minute	<u>15</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

Joel Jumper
Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-1B

JUL 25 2011

BY: OLWR