

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

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F47  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: GW-46026 ✓  
Driller: Irrigation Equipment  
Date drilling completed: 05/10/2012

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)	Well or Borehole Location
Owner Name: <u>Harold Reed</u>	Latitude: <u>34 ° 16 ' 51 "</u> Longitude: <u>90 ° 12 ' 48 "</u>
Mailing Address: <u>600 Bill Locke Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
Marks: <u>Marks</u> City      Ms: <u>38646</u> State      Zip code	<u>NW</u> ¼ <u>SE</u> ¼   Sec <u>20</u> TwN <u>28N</u> Rng <u>1E</u>
Telephone No. (   ) -      -	Distance: <u>3</u> Miles   Direction: <u>Northeast</u> Nearest Town: <u>Marks</u>

Well / Borehole Data

Date drilling started: 05/10/2012   Date drilling completed: 05/10/2012   Hole depth: 95   Hole diameter: 18"  
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 (check 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 flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: \_\_\_\_\_ feet above or below (check one)  land    surface   Date measured: \_\_\_\_\_  
Method of Measurement (check one)  steel tape    electric tape    air line    other: \_\_\_\_\_  
Well depth: 95   Well grouted to a depth of 10 feet   Type of grout (check one):  Neat Cement    Bentonite    Mix  
Casing length: 55 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 56 feet to 95 feet  
Type of completion (check all applicable):  Gravel packed    Underreamed    Telescoped    Open hole    Natural Development  
 Other (describe): Circle S Irrigation will set pump  
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

RECEIVED  
MAY 24 2012  
BY: OLWR



# 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-460261  
 Driller: IRRIGATION EQUIPMENT  
 Date completed: 5-10-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F47  
 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>REED FARMS</u>	Latitude: <u>34°16.50.14"</u> Longitude: <u>90°12.47.42"</u>
Mailing Address: <u>600 BILL LOCKE RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>MARKS, MS 38646</u> City State Zip Code	<u>NW ¼ SE ¼ Sec 20' T 28N R 1E</u>
Telephone No. <u>(662) 326-8437</u>	Distance Direction Nearest Town <u>3 1/4</u> Miles <u>NE</u> of <u>MARKS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>5-11-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</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 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.

DAVID P. HOLT 0-752P \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SVTS-11B (10/10)

RECEIVED

MAY 29 2012

BY: OLWR