

# 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 #: M 59  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: GW-43369  
Driller: Pete Sappington  
Date drilling completed: 10/11/10

**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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Delta Farms LLC</u>	Latitude: <u>31° 07' 20.65"</u> Longitude: <u>90° 13' 29.47"</u>
Mailing Address: <u>3350 HWY 309N</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Byhalia</u> State: <u>MS</u> Zip Code: <u>38611</u>	<u>NE 1/4 SE 1/4</u> Sec <u>18</u> Twn <u>26N</u> Rng <u>1E</u> ✓
Telephone No. <u>(662) 893-4605</u>	Distance <u>8</u> Miles Direction <u>NE</u> of Nearest Town <u>UANCE</u>

**Well / Borehole Data**

Date drilling started: \_\_\_\_\_ Date drilling completed: \_\_\_\_\_ Hole depth: \_\_\_\_\_ Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: \_\_\_\_\_

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: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

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

Casing length: 600 feet Casing diameter: 16 inches Type of casing: PVC SCH 40

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

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: \_\_\_\_\_ feet. ***If telescoped or more than one screen, describe on next page***

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

*Mr. Pete Sappington passed away before submitting well log information*

**RECEIVED**

DEC 28 2010

**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-43369  
 Driller: Pete Sappington  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: M 59  
 Well #: \_\_\_\_\_  
 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>Delta Farmlands, LLC</u>	Latitude: <u>34° 07' 20.65"</u> Longitude: <u>90° 13' 27.49"</u>
Mailing Address: <u>3350 HWY 309N</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Byhalia, ms</u> <u>38611</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City                      State                      Zip Code	<u>NE 1/4 SE 1/4 Sec 18 T26N R1E</u>
Telephone No. <u>(662) 893-4605</u>	Distance                      Direction                      Nearest Town
	<u>8</u> Miles <u>NE</u> of <u>VANCE</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>10-11-2010</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</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                      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form: OL (REV. 12/08) **RECEIVED**

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