

### 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)

County: Sharkey  
Permit #: GW-45538 1  
Driller: J. NEWCOME 0.773  
Date drilling completed: 2.27.2012

For Office Use Only:  
Aquifer: A215  
Well #: \_\_\_\_\_  
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.*

|  |  |
|--|--|
| <p><b>Information on Well Owner</b><br/>(Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Sanders Land Company INC</u><br/>Mailing Address: <u>P.O. Box 116</u><br/><u>Hollandale MS 38748</u><br/>City State Zip Code<br/>Telephone No. ( ) _____</p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33.02.42</u> " Longitude: <u>90.52.12</u> "</p> <p>Method of Lat/Long (circle one): Conventional Survey,<br/>USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS ✓<br/><u>NW 1/4 SE 1/4 Sec 24</u> ✓ <u>Twn 14N</u> ✓ <u>Rng 07W</u></p> <p>Distance <u>8.5</u> Miles Direction <u>S</u> of Nearest Town <u>HOLLANDALE</u></p> |
|--|--|

**Well / Borehole Data**

Date drilling started: 2.27.12 Date drilling completed: 2.27.12 Hole depth: 112 Hole diameter: 24"

Location of the source of any surface water used for drilling: DITCH  
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

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: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70 feet to 110 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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# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A215  
 Elevation: \_\_\_\_\_

County: SHARKEY  
 Permit #: GW-45538  
 Driller: J. NEWCOMB 0-773  
 Date completed: 2-27-2012

*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: <u>SANDERS LAND CO. INC</u> | Latitude: <u>33° 02' 42"</u> Longitude: <u>90° 52' 12"</u>                        |
| Mailing Address: <u>PO BOX 116</u>      | Method of Lat/Long (check one): Conventional Survey _____                         |
| <u>HOLLANDALE MS 38748</u>              | USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____                  |
| City State Zip Code                     | <u>NW 1/4 SE 1/4 Sec 24 T 14N R 07W</u>   |
| Telephone No. (____) _____              | Distance Direction Nearest Town<br><u>8.5</u> Miles <u>S</u> of <u>HOLLANDALE</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one                         |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>        | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>                             | Electric Motor Hand Tractor PTO                  |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____                  |
| Other (specify): _____   | Horse Power Rating of Motor: <u>60</u>           |
| Date Pump Installed: <u>3/1/12</u>   | Setting Depth: <u>70</u> feet                    |
| Rated Pump Capacity: <u>2400</u> Gallons Per Minute  | Number of Stages: <u>1</u>                       |

| Pump Test Data   | Method of Measuring Water Level<br>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   |   |

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Cony Rowe 0-711P [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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# Internet Mapping Framework



**Legend**

- County Boundaries
- Township
- Public Land Survey System
- MS One Call Natchez Trace Parkway
- MS One Call Interstate Highway
- MS One Call US / State Highway
- MS One Call 3 digit State Highway
- MS One Call County Roads and Streets
- Incorporated Cities
- Other Urban (non-incorporated)
- NHD Other Areas (dbi streams and inun)
- adams07\_m.sid
- alcorn07\_m.sid
- amite07\_m.sid
- attala07\_m.sid
- benton07
- bolivar07\_m.sid
- calhoun07\_m.sid
- carroll07\_m.sid
- chickasaw07\_m.sid
- choctaw07\_m.sid
- claiborne07\_m.sid
- clarke07\_m.sid



This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

Scale: 1:32,889



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