

### 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-46427  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 8.14.2012

For Office Use Only:  
 Aquifer: A 218  
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Caselli and Caselli</u>	Latitude: <u>33° 01' 08"</u> Longitude: <u>90° 51' 39"</u>
Mailing Address: <u>373 Sago Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ✓
<u>Nitta Yuma MS 38721</u> City State Zip Code	NW ¼ NW ¼ Sec <u>31</u> ✓ Twn <u>14N</u> Rng <u>06W</u>
Telephone No. ( ) _____	Distance <u>12</u> Miles Direction <u>S</u> of Nearest Town <u>HOLLANDALE</u> <u>1 MILE S.E. OF NITTA YUMA</u>

**Well / Borehole Data**

Date drilling started: 8.14.12 Date drilling completed: 8.14.12 Hole depth: 122 Hole diameter: 24"

Location of the source of any surface water used for drilling: CREEK

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLET

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

Casing length: 80 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 80 feet to 120 feet

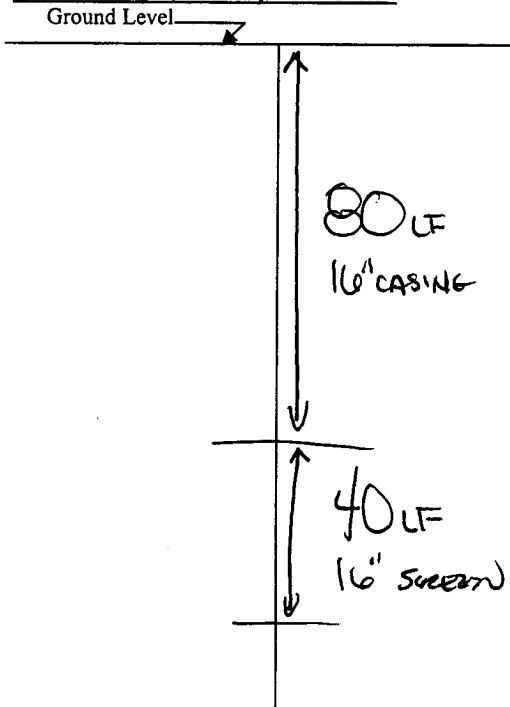
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY	10	35
MIX CLAY/FINE SAND	35	55
FINE SAND	55	60
MEDIUM SAND	60	70
COARSE SAND/PETRIFICS	70	120
BOTTOM	120	122

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

SEE MAP

Landowner Name: \_\_\_\_\_

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

JOHN NEWCOME 0.773 8.14.2012 [Signature]

Print Name of Responsible Licensee and License No.                      Date                      Signature of Licensee

# 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: Sharkey  
 Permit #: GW-46427  
 Driller: J. Newcome 0-773  
 Date completed: 8-14-12

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A218  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Caselli and Caselli</u>	Latitude: <u>33°01'08"</u> Longitude: <u>90°51'39"</u>
Mailing Address: <u>373 Sage Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>N. Hta Yuma, MS 38721</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 31 Twn 14N Rng 06W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>S.E.</u> of <u>N. Hta Yuma</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60<sup>HP</sup></u>
Date Pump Installed: <u>8-14-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</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.

Hubbard Stephens 741-P Hubbard Stephens  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

FEB 20 2013

OLWR



# MARIS Online Maps

## Internet Mapping Framework



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.



**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 (dbl 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
- claborn07\_m.sid
- clarke07\_m.sid

Scale: 1:32,889

