

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: A 249  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Sharkey  
Permit #: GW-49402  
Driller: J. Newcome 0-773  
Date drilling completed: 6/8

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Gracewood Farms</u>	Latitude: <u>33.05.42</u> Longitude: <u>90.50.41</u>
Mailing Address: <u>449 Weatherbee Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville</u> MS <u>38701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4, Sec 5 T14N R06W</u>
Telephone No. ( ) _____	<u>3</u> Miles <u>NW</u> of <u>Delta City</u>
	(Distance) (Direction) (Nearest Town)

#### Well / Borehole Data

Date drilling started: 6/8 Date drilling completed: 6/8 Hole depth: 120 Hole diameter: 20

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

Method of dosing and volume of Chlorine used in drilling and development: 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 (circle 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 (circle all applicable): Home Industrial Public Supply  Irrigation Fish Culture

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

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: 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  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*

County: Sharkey

Permit #: \_\_\_\_\_

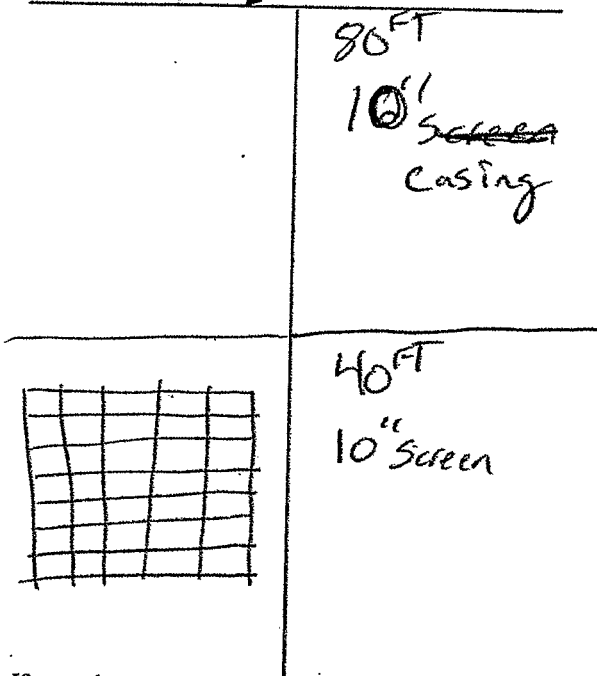
**For Office Use Only:**

Well #: A249

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top Soil		10
Clay	10	35
Fine Sand	35	60
medium Coarse Sand	60	75
Coarse Sand	75	110
Gravel	110	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) north arrow

*See Map*

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

I HEREBY 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 NEWCOMB 01773      9.2.16      [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 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

### For Office Use Only:

Well #: A249

Aquifer: \_\_\_\_\_

County: Sharkey  
Permit #: 6W-49402  
Driller: J. Newcome 0773  
Date completed: 6/8  
*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>Gracewood Farms</u>	Latitude: <u>33.05.42</u>	Longitude: <u>90.50.41</u>		
Mailing Address: <u>449 Weatherbe Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____			
<u>Greenville</u> MS <u>38701</u>	NW <u>1/4</u> NW <u>1/4</u> , Sec <u>5</u> T <u>14N</u> R <u>06W</u>			
City State Zip Code	<u>3</u> Miles <u>NW</u> of <u>Delta City</u> (Distance) (Direction) (Nearest Town)			
Telephone No. ( ) _____				

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 6/15/16 Rated Pump Capacity: 1200 Gallons Per Minute  
Is This Pump (circle one):  New Repaired Replacement

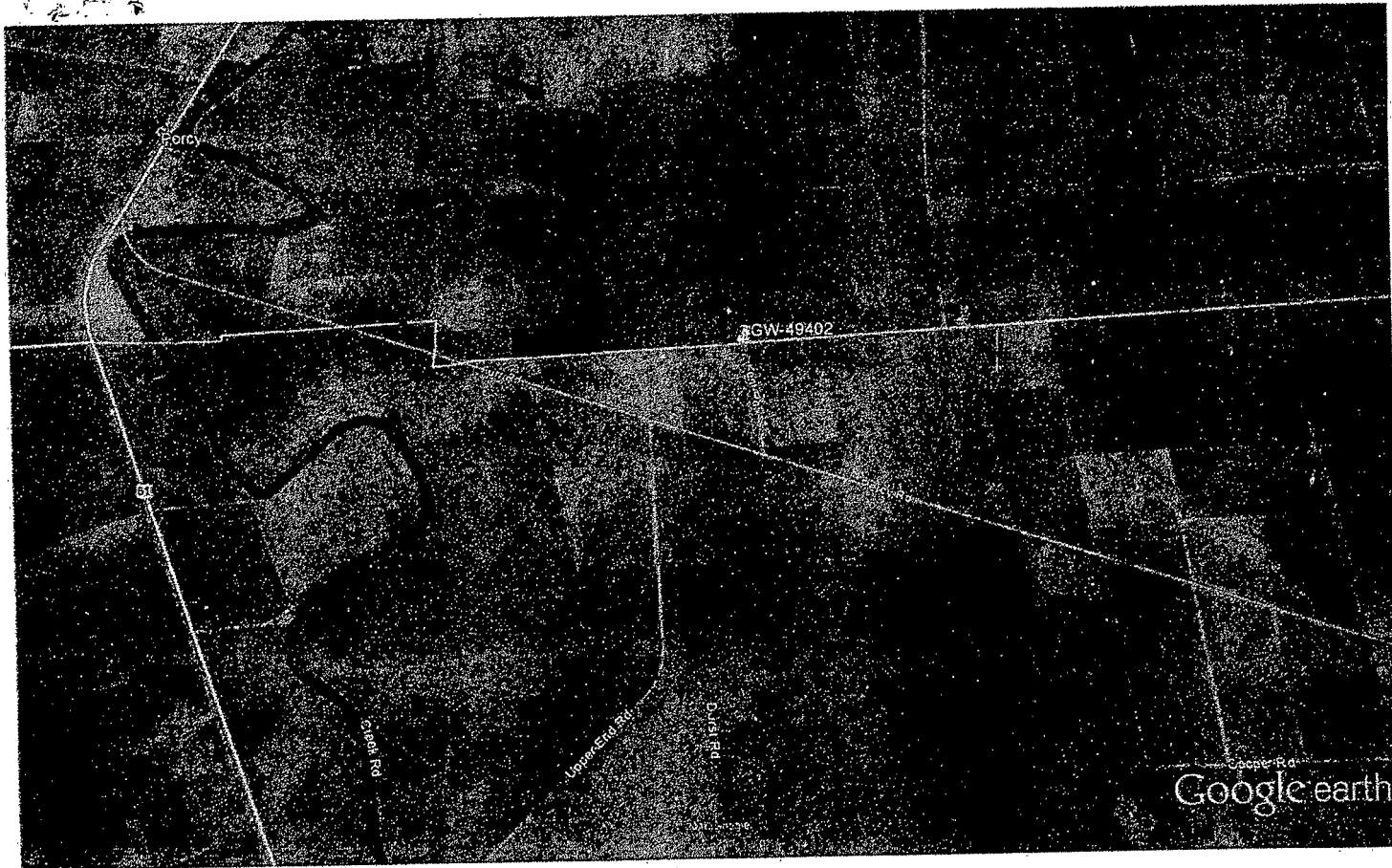
**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 30 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
Date Well Tested: Not Tested Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hour  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet. Not Tested  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: RECEIVED  
Meter Model Number/Name: No Meter Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
Is This Meter (circle one): New Repaired Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standard. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Hubbard Stephens 741-P 8/1/16 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
Form: OLWR-SWR-1B



Google earth



RECEIVED

MAR 16 2017