

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: A 78
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Sunflow-a
 Permit #: GW-46463
 Driller: Clarence McMurry
 Date drilling completed: 7-18-12

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>MS Dept. of Corrections</u>	Latitude: <u>33° 55' 44"</u> Longitude: <u>90° 33' 37"</u>
Mailing Address: <u>P.O. Box 639</u>	Method of Lat/Long (circle one): Conventional Survey _____ USGS quad <u>Dand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Patchman</u> MS <u>38738</u>	<u>SW 1/4 SE 1/4</u> Sec. <u>21</u> Twn <u>21N</u> Rng <u>04W</u>
City State Zip Code	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. <u>(662) 745-6611</u>	<u>#1651</u>

Well / Borehole Data

Date drilling started: 7-18-12 Date drilling completed: 7-18-12 Hole depth: 126' Hole diameter: 26"

Location of the source of any surface water used for drilling: pond near by

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) N/A

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 7-24-12

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

Well depth: 126' Well grouted to a depth of 10 feet Type of grout (circle one) Real Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 66 feet to 126 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

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 # A78
 Elevation _____

County: Sunflower
 Permit # GW-46463
 Driller: John Rybolt IV
 Date completed: 7-24-12
 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>MS Dept. of Corrections</u>	Latitude: <u>N33°55'44"</u> Longitude: <u>W90°53'37"</u>
Mailing Address: <u>P.O. Box 639</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Peachman MS 38738</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>24</u> T <u>24N</u> R <u>4W</u>
Telephone No. <u>(662) 745-6611</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-24-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> 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.
Clayton Miller 0703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

MID-SOUTH WATER & MACHINE WORKS, L.L.C.



1420 South Davis Avenue • Cleveland, MS 38732 • Phone (662) 843-4076 • Fax (662) 843-1717

A78

INSTALLATION REPORT

INSTALLED FOR MS Dept of Correction		CONTRACT NO. 1651
CITY Burchman	COUNTY	STATE MS
LOCATION Farm - Right Side of turn Row		WELL NO.
ACROSS FROM chicken houses		NEW INSTALLATION <input checked="" type="checkbox"/>
DATE INSTALLATION COMPLETED 7-24-12	REPAIR <input checked="" type="checkbox"/>	INSPECTION

MAKE Christensen	SERIAL NO. NA	TYPE HEAD
TOTAL LENGTH COLUMN 70	SIZE 8" x 1 3/16	IN 16" well
BOWL	SIZE 12"	TYPE water tube
Brass IMPELLERS		NO. OF STAGES 2
Cast iron		BOWL Closed
IS PUMP SEALED? yes	IF SO, HOW? well seal	WHERE? Top of casing
SUCTION SIZE 10"	LENGTHS 10ft	STRAINER?
LUBRICATOR	TYPE water tube	BASEPLATE?
LENGTH OF AIR LINE	SIZE	VOLTAGE
AIR RELEASE VALVE TYPE 2" ARV	SURFACE DISCHARGE PIPE 8" discharge Assembly	
DAYTON COUPLING	PRESSURE GAUGE	SPEED
CAN WATER BE PUMPED OUTSIDE? yes	TOTAL SETTING 80ft	IS COLUMN SCREWED OR FLANGED?

MAKE	H.P.	FRAME NO.
SERIAL NO.	STYLE	SPEED
PHASE	CYCLES	VOLTS
MAKE OF STARTER	SIZE	MOTOR HAS
TYPE		

MAKE Dixie	MODEL 60	RATIO 1-1
SERIAL NO. 11510512	STANDARD/COMBINATION MODEL WITH A MOTOR STAND	

MAKE	HP	STYLE	SERIAL NO.
SPEED	TYPE FUEL	FUEL TANK	SIZE PULLEY
MAGNETO MAKE	NO.	STARTER MAKE	
STARTER NO.	FLEXIBLE SHAFT, MAKE	LENGTH	
BELT LENGTH	OTHER EQUIPMENT		

REMARKS:			
STATIC LEVEL 42	FEET	CAPACITY OF PUMP	AT POUNDS
SIZE OF WELL 16	SIGNED BY John Rybolt		

