

Job # 8134

County: Sunflower  
 Permit #: 0W42616  
 Driller: Pete's Well Drilling  
 Date drilling completed: 6-4-08

Well Driller Report and Well Log

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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-111  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information                 | Well Location  |
|--|--|
| Owner Name: <u>Mississippi Dept.</u>   | Latitude: <u>33° 50' 61.8" N</u> Longitude: <u>90° 32' 66.4" W</u> |
| Mailing Address: <u>of Corrections</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>        |
| <u>P.O. Box 639</u>                    | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS                 |
| <u>Parchman, MS 38738</u>              | 1/4 _____ 1/4 Sec <u>27</u> Twn <u>24 N</u> Rng <u>3 W</u>         |
| City State Zip Code                    | Distance Direction Nearest Town                                    |
| Telephone No. <u>(662) 745-6611</u>    | <u>1.5</u> Miles <u>W</u> of <u>Parchman Main Gate</u>             |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 6-4-08 Date well drilling completed: 6-4-08

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 6-4-08

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

Hole depth: 110' Well depth: 110' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s):

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

Pete's Well Drilling 0430  
 Print Name of Water Well Contractor and License No.

Pete Sargent  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

RECEIVED

JUL 07 2008

BY: OLWR

B-111

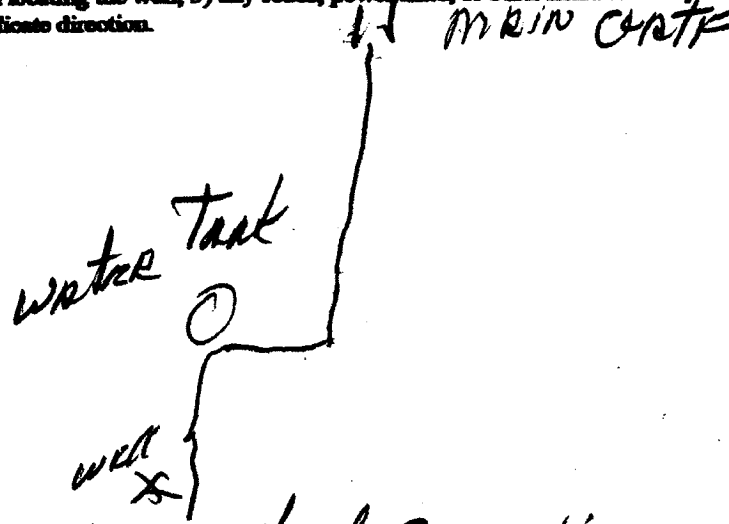
Ground Level *QW42616*

---

| Description of Formations Encountered | From      | To         |
|---------------------------------------|-----------|------------|
| <i>shy</i>                            | <i>0</i>  | <i>30</i>  |
| <i>COOR SAND &amp; GRAVEL</i>         | <i>30</i> | <i>110</i> |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |
|                                       |           |            |

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) indicate direction.



← MAIN CTR

*water tank*

*well*

Landowner Name: *MS DEPT of Correction*

*[Handwritten Signature]*  
 Signature of Water Well Constructor

RECEIVED  
 JUL 07 2008  
 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Sunflower  
 Permit #: 60042616  
 Driller: Petes Well Drilling  
 Date completed: 6-4-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: OB-111  
 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>MISSISSIPPI Dept. of Corrections</u> | Latitude: <u>33°55'618" N</u> Longitude: <u>90°32'664" W</u>                                |
| Mailing Address: <u>P.O. Box 639</u>                | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>37</u>      |
| <u>Parchman</u> MS <u>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>28</u> T <u>24</u> R <u>3</u>                                  |
| Telephone No. <u>(662) 745-6611</u>                 | Distance Direction Nearest Town   |
|   | <u>1.5</u> Miles <u>W</u> of <u>Parchman main gate</u>                                      |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>         | <input checked="" type="checkbox"/> Diesel Engine Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine | 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): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>60</u>  |
| Date Pump Installed: <u>6-28-08</u>   | Setting Depth: <u>80</u> feet   |
| Rated Pump Capacity: <u>3000</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>40</u> 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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

JUL 19 2008

BY: OLWR