

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: J 194
Well #:
L.S. Elevation:
E-log #:

County: Sunflower
Permit #: GW-45744
Driller: Irrigation Equipment
Date drilling completed: 02/08/2012

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 (Landowner if borehole is not for a water well) and Well or Borehole Location. Includes fields for Owner Name (John Harrell), Mailing Address (170 Steed Mixon Road, Doddsville, Ms 38736), Telephone No., Latitude (33° 36' 47"), Longitude (90° 42' 32"), Method of Lat/Long (Hand-held GPS), and Distance (3 Miles East of Shaw).

Well / Borehole Data

Well / Borehole Data section including Date drilling started/completed (02/08/2012), Hole depth (127), Hole diameter (18"), Location of source (Surface Water), Method of dosing (50 PPM), Logs run (No log run checked), Purpose of borehole (Water Well checked), and a note: 'If drilling is not related to water well construction, skip the remainder of this block'.

Purpose of Well (Irrigation checked), Static Water Level (47 feet above or below), Method of Measurement (steel tape checked), Well depth (127), Well grouted to a depth of (10) feet, Casing length (87) feet, Screen length (40) feet, Screen slot size (.050 inches), Setting depth (88 to 127 feet), Type of completion (Gravel packed checked).

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

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The sketch below only required for water wells

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

J194

If well telescopes, show depths on sketch.

Ground level

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Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	27
Fine Sand	28	49
Fine Sand & Gravel	50	53
Medium Sand & Gravel	54	127

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.

Landowner Name: John Harrell

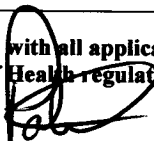
Form: OLWR-SWR-1A (04/08)

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.

Patrick Chism/Irrigation Equipment 0695                      02/09/2012

Print Name of Responsible Licensee and License No.

Date

  
Signature of Licensee

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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 #: J194  
Elevation: \_\_\_\_\_

County: Sunflower  
Permit #: GW-45744  
Driller: Irrigation Equipment  
Date drilling completed: 02/08/2012  
*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>John Harrell</u>	Latitude: <u>33 36' 47 N</u> Longitude: <u>90 42' 32 W</u>
Mailing Address: <u>170 Steed Mixon Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Doddsville</u> <u>Ms</u> <u>38736</u>	<u>NW ¼ NW ¼</u> Sec <u>3</u> T <u>20N</u> R <u>5W</u>
City                      State      Zip code	Distance                      Direction                      Nearest Town
Telephone No. (    ) - _____	<u>3</u> Miles <u>East</u> of <u>Shaw</u>

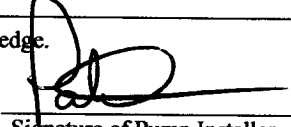
Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>02/09/2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>550+/-</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (check 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.

Patrick Chism/Irrigation Equipment                      0695  
Print Name of Pump Installer and License No. (if applicable)

  
Signature of Pump Installer

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

FEB 14 2012

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