

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: N 150  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SUNFLOWER  
Permit #: GW16728  
Driller: PARKS & PARKS  
Date drilling completed: 5/4/10

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)	Well or Borehole Location
Owner Name: <u>AUSTIN FARMS</u>	Latitude: <u>33° 29' 59" N</u> Longitude: <u>90° 34' 52" W</u>
Mailing Address: <u>1301 BAYOU DRIVE</u> <u>INDIANOLA, MS 38251</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 14 Twn 19N Rng 4W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>INDIANOLA</u>
Telephone No.: <u>(662)-887-4053</u>	

Well / Borehole Data

Date drilling started: 4/15/10 Date drilling completed: 5/4/10 Hole depth: 1610 Hole diameter: 10x6

Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: NONE

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
Name of organization running log(s): STATE

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: 16 feet above or below (circle one) land surface Date measured: 5/12/10

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

Well depth: 1610 Well grouted to a depth of 327 feet Type of grout (circle one): Neat Cement  Bentonite  Mix \_\_\_\_\_

Casing length: 327 feet Casing diameter: 10 inches Type of casing: STEEL

Screen length: 80 feet Screen diameter: 6 inches Type of screen: STAINLESS STEEL

Screen slot size: 1.020 inches Setting depth: From 1530 feet to 1610 feet

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

Tip of casing or reduction in casing: 285 feet. *If telescoped or more than one screen, describe on next page*

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JUN 23 2010  
BY: OLWR

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



# 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)

County: SUNFLOWER  
 Permit #: \_\_\_\_\_  
 Driller: Parks & Parks  
 Date completed: 5/4/10  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N 150  
 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>AUSTIN FARMS</u>	Latitude: <u>33 29 59N</u> Longitude: <u>90 34 52W</u>
Mailing Address: <u>1301 BAYOU DR</u> <u>INDIANOLA, MS 38751</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW 1/4 NE 1/4 Sec 14 T 19 R 4W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 887-4053</u>	<u>2</u> Miles <u>NE</u> of <u>INDIANOLA, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>5/14/10</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>550</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/15/10</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>16</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>56</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>550</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rayburn Parks 0414      Rayburn Parks  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer