

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)

County: Sunflower
 Permit #: GW-46350V
 Driller: J. NEWOME 0.773
 Date drilling completed: 5.15.2012

For Office Use Only:
 Aquifer: P 1166
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

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>H.E. & S.F. Curtis LP</u>	Latitude: <u>33.25.37</u> Longitude: <u>90.41.19</u>
Mailing Address: <u>P.O. Box 1</u>	Method of Lat/Long (circle one): Conventional Survey, <u>23</u>
<u>Macon</u> <u>GA</u> <u>72117</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4</u> Sec <u>11</u> Twn <u>18N</u> Rng <u>05W</u>
Telephone No. () _____	Distance <u>3</u> Miles Direction <u>SW</u> of Nearest Town <u>INDIANOLA</u>

Well / Borehole Data

Date drilling started: 5.15.12 Date drilling completed: 5.15.12 Hole depth: 127 Hole diameter: 24"

Location of the source of any surface water used for drilling: _____
 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) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 85 feet to 125 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 next page*

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

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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)

County: Sunflower
 Permit #: GW-46350
 Driller: J. Newcome 0-773
 Date completed: 5-15-2012
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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
 Owner Name: H.E. + S.F. Curtis LP
 Mailing Address: P.O. Box 1
Macon GA 72117
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: 33°25.37' Longitude: 90°41.19'
 Method of Lat/Long (check one): Conventional Survey _____,
 USGS quad _____, Hand-held GPS , Survey-grade GPS _____
NW 1/4 SW 1/4 Sec 11 T 18N R 05W
 Distance Direction Nearest Town
3 Miles SW of INDIANOLA

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 5/16/12
 Rated Pump Capacity: 2400 Gallons Per Minute

Power Type
 Circle one
Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 60
 Setting Depth: 70 feet
 Number of Stages: 1

Pump Test Data
 Date Well Tested: _____
 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
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of
 _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Comy Rowe 0-711P C Rowe BY: OLWR
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer