

9013 583

County: Tallahatchie  
 Permit #: GW-41483  
 Driller: Pete's Well Drilling  
 Date drilling completed: 12-7-06

**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 #: 010  
 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>J. R. J. Land Co</u>	Latitude: <u>34° 03' 35"</u> Longitude: <u>90° 25' 614"</u>
Mailing Address: <u>P.O. Box 751</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>MADISON MS 39130</u>	USGS quad: <u>NE 1/4 NW 1/4 Sec 08 Twn 25N Rng 02W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1 1/2</u> Miles Direction: <u>N</u> of Nearest Town: <u>Adrian</u>
Telephone No. ( ) _____	

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**Well Data**

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

Date well drilling started: 12-7-06 Date well drilling completed: 12-7-06

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

Static Water Level: 14 feet above or below (circle one) land surface Date measured: 12-7-06

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 600 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 60 feet to 100 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 & Pump Repair Pete's Signature  
 Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

41483

County: Tallahatchie  
 Permit #: GW 41483  
 Driller: Pete's Well Drilling  
 Date drilling completed: 12-7-06

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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 #: C-90  
 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>J. R. J. Land Co</u>	Latitude: <u>34° 03' 35"</u> Longitude: <u>90° 25' 614"</u>
Mailing Address: <u>P.O. Box 751</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>MADISON MS 39130</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE W. W. Sec 8 Twn 25N Rng 2W</u>
Telephone No. <u>(601) 853-0032</u>	Distance Direction Nearest Town <u>1 1/2 Miles N of Tutwiler</u>

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Date well drilling started: 12-7-06 Date well drilling completed: 12-7-06

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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 & Pump Repair Pete Sapp  
 Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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C-90

GW 41483

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	30
FINE SAND	30	50
COARSE SAND & GRAVEL	50	100

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.

Landowner Name: \_\_\_\_\_

*[Handwritten Signature]*  
 Signature of Water Well Contractor

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 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-90  
 Elevation: \_\_\_\_\_

County: Tallahatchie  
 Permit #: GW 41483  
 Driller: PETE'S WELL DRILLING  
 Date completed: 12-7-06  
 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>J. R. J. LAND CO</u>	Latitude: <u>34° 03' 31.5"</u> Longitude: <u>90° 25' 61.4"</u>
Mailing Address: <u>P.O. BOX 751</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <u>19</u>
<u>MADISON MS 39130</u>	USGS quad <u>(Hand-held GPS)</u> , Survey-grade GPS _____
City / State / Zip Code	<u>1/2</u> Miles <u>N</u> of <u>Tutwiler</u>
Telephone No. <u>(601) 853-0032</u>	Distance / Direction / Nearest Town

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>80</u>
Date Pump Installed: <u>12-18-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2900</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level 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>14</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  
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