

Part 2 never received

4/13

State Well Report Part I - 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: Tallahatchie
 Permit #: GW-44068 ✓
 Driller: Pete Sapperton
 Date drilling completed: 4-20-10

For Office Use Only:
 Aquifer: C 109
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Chris + Thornton Marley</u>	Latitude: <u>33° 59' 25"</u> Longitude: <u>90° 22' 03"</u>
Mailing Address: <u>320 W. Lee Drive</u>	Method of Lat/Long (circle one): <u>25.3</u> Conventional Survey, <u>4.3</u>
<u>Clarksdale, Ms. 38614</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 Sec 35</u> <u>1/4</u> <u>25 N</u> <u>02 W</u>
Telephone No. <u>662 902-4297</u>	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>N</u> of <u>Sumner</u>

Well / Borehole Data

Date drilling started: 4-20 Date drilling completed: 4-20 Hole depth: 110' Hole diameter: 28"

Location of the source of any surface water used for drilling: Ditch on Tom Rice Rd.

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10 ppm

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: 30 feet above or below (circle one) land surface Date measured: 4-21

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

Well depth: 110' Well grouted to a depth of 19 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC 40 gph

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

Screen slot size: 0.32 inches Setting depth: From 70 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 next page*

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

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 MAY 26 2010
 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: C109

Well #: _____

Elevation: _____

County: TALLAHATCHIE
 Permit #: GW 44068 ?
 Driller: _____
 Date completed: 4-21-10
 Carry 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 Owner Name: <u>FRAT GRASSY FARMS</u> <u>CHRIS MARLEY</u> Mailing Address: <u>320 WEST LEE DR.</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No: <u>662 902-4297</u>		Well Location Latitude: <u>N33° 59.497</u> Longitude: <u>W90° 22.073</u> Method of Lat/Long (check one): Conventional Survey <u>29.82</u> <u>4.38</u> USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>35</u> T <u>25</u> N R <u>2W</u> <u>SE</u> Distance Direction Nearest Town <u>1 1/2</u> Miles <u>North</u> of <u>SUMMIT</u>	
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Pump Type Circle one Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>4-21-10</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Power Type Circle one <u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>80</u> feet Number of Stages: <u>2-12"</u>
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Pump Test Data Date Well Tested: _____ Static Water Level (A): <u>28'</u> 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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/> Other (specify) _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Peacock's Pump & Repair Inc MPO-0728P Tommy Peacock Sr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Pump moved into new 16" PVC Well.

Form: OLWR-SWR-1B

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