

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: D105
Aquifer: _____
E-Log #: _____

County: Tallahatchie
Permit #: MSGW-49142
Driller: Tommy Procock Sr
Date drilling completed: 3-27-16

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>James G. Wilbourn</u>	Latitude: <u>N 27° 00' 54"</u> Longitude: <u>W 90° 19' 18"</u>
Mailing Address: <u>P.O. Box 37</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vance</u> <u>MS</u> <u>38964</u>	<u>SE</u> 1/4 <u>SW</u> 1/4, Sec <u>20</u> T <u>25N</u> R <u>01W</u>
City _____ State _____ Zip Code _____	<u>2</u> Miles <u>S</u> of <u>Vance</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started <u>3-27-16</u> Date drilling completed: <u>3-27-16</u> Hole depth: <u>110'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>ditch nearby</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>added when filling pit</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>30</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>3-27-16</u> (circle one)
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>110'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>1/32</u> - <u>1-50</u> inches Setting depth: From <u>71</u> feet to <u>110</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

If telephoned or more than one screen, describe on next page

Received

APR 06 2016

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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: D105
 Aquifer: _____

County: TALAHATCHES
 Permit #: GW-49142
 Driller: Tommy Procock Sr
 Date completed: 3-27-16
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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>DIXIE FARMS</u> Mailing Address: <u>P.O. BOX 37</u> <u>VANCE</u> <u>MS</u> <u>38964</u> City State Zip Code Telephone No. <u>(662) 345-8544</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>34° 00' 54"</u> Longitude: <u>90° 11' 18"</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE</u> ¼ <u>SW</u> ¼, Sec <u>20</u> T <u>25N</u> R <u>01W</u> <u>3.9</u> Miles <u>NNE</u> of <u>SUMNER</u> (Distance) (Direction) (Nearest Town)</p>
--	--

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-26-16 Rated Pump Capacity: 3000 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 30 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
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

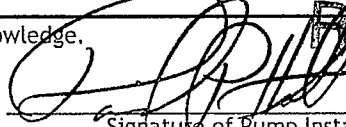
Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 15-18279
 Meter Model Number/Name: M0310 Type of Meter: GROUNDWATER
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): GPM
 Installation Date: 5-5-16 Meter installed by: CIRCLE S IRRIGATION
 Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

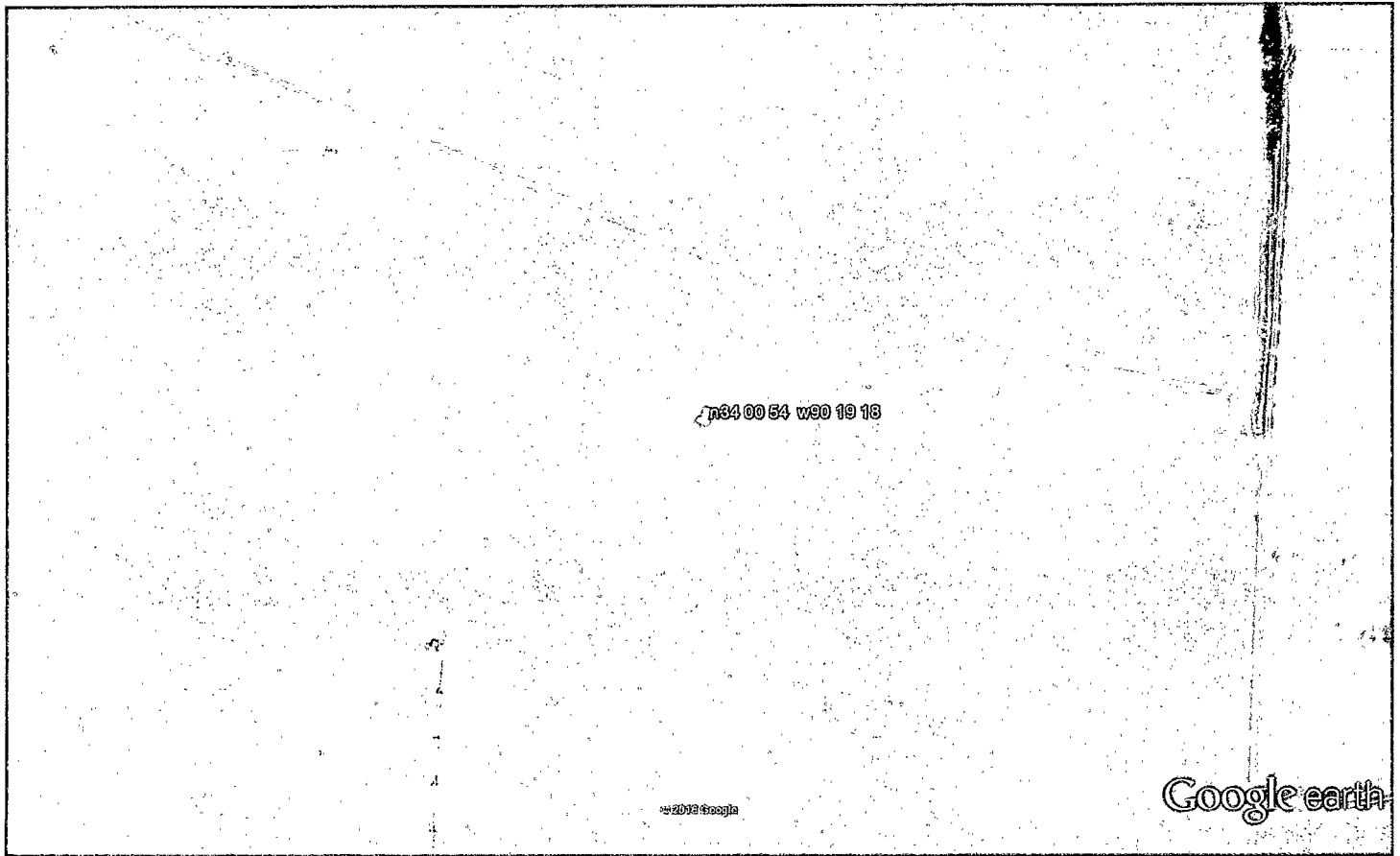
DAVID P. HOLT 0-752P 5-12-16 
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received

MAY 16 2016

By OLWR

Form: OLWR-SWR-1B (4/13)



p34 00 54 w90 19 18

© 2013 Google

Google earth

Google earth



Received
APR 06 2016
By OLWR