

60042591

County: Tallahatchi  
 Permit #: 0368  
 Driller: Joel Jumper  
 Date drilling completed: 5/23/08

**State Well Report**  
 Part 1 - Driller's 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 #: F-61  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Brian Robertson</u>        Mailing Address: <u>204 North Panola</u>  <u>Charleston, MS 38921</u>        City State Zip Code        Telephone No. <u>(601) 647-4601</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>90° 06' 59.6"</u> Longitude: <u>33° 59' 40.6"</u>        Method of Lat/Long (circle one): Conventional Survey, <u>36</u>        USGS quad, <u>Hand-held GPS</u> Survey-grade GPS        _____ 1/4 _____ 1/4 Sec <u>32</u> Twp <u>25</u> Rng <u>2E</u>        Distance _____ Direction _____ Nearest Town _____        _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 5/23/08 Date drilling completed: 5/23/08 Hole depth: 105 Hole diameter: 26

Location of the source of any surface water used for drilling: Ditch

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: 11 feet above or below (circle one) land surface Date measured: 5/23/08

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

Well depth: 105 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: \_\_\_\_\_ inches Type of screen: PVC

Screen slot size: \_\_\_\_\_ inches Setting depth: From 65 feet to 105 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

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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

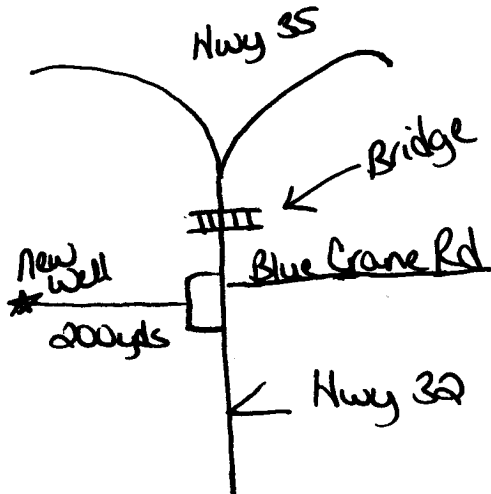
Ground Level → 6642591



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Top Soil	0	23
Fine Sand	23	55
Coarse Sand	55	65
Coarse Sand-Gravel	65	103
Gumbo	103	105

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) a north arrow.



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

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Joel Jumper 0368

Date 5/23/08

Signature of Licensee [Signature]

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: \_\_\_\_\_  
 Permit #: 6W 42591  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F-61  
 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>Brian Robertson</u>	Latitude: <u>90° 06' 59"</u> Longitude: <u>33° 59' 40"</u>
Mailing Address: _____ _____ _____	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____ _____ ¼ _____ ¼ Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift            Jet                      Submersible	<u>Diesel Engine</u> Gasoline Engine            Natural Gas
Bucket             Piston <u>Turbine</u>	Electric Motor              Hand                          Tractor PTO
Centrifugal        Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5/26/08</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/26/08</u>	Air Line            Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2500</u> Gallons Per Minute	
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.

Joel Jumper 0368  
 Print Name of Pump Installer and License No. (if applicable)

Joel Jumper  
 Signature of Pump Installer

Form: OLWR-SPR-B

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