

County: Tallahatchie
 Permit #: GW-49607 ✓
 Driller: Joel Jumper
 Date drilling completed: 12-6-16

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)

For Office Use Only:
 Aquifer: _____
 Well #: H213
 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)
 Owner Name: Webb, Jackson
 Mailing Address: Po Box 9
Sumner Ms 38957
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 33° 54' 44" Longitude: 90° 23' 06"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NE 1/4 Sec 34 ✓ Twn 24N Rng 02W ✓
 Distance Direction Nearest Town
2 Miles W of Webb

Well / Borehole Data
 Date drilling started: 12-6-16 Date drilling completed: 12-6-16 Hole depth: 110 Hole diameter: 26 in
 Location of the source of any surface water used for drilling: Nearest Well
 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

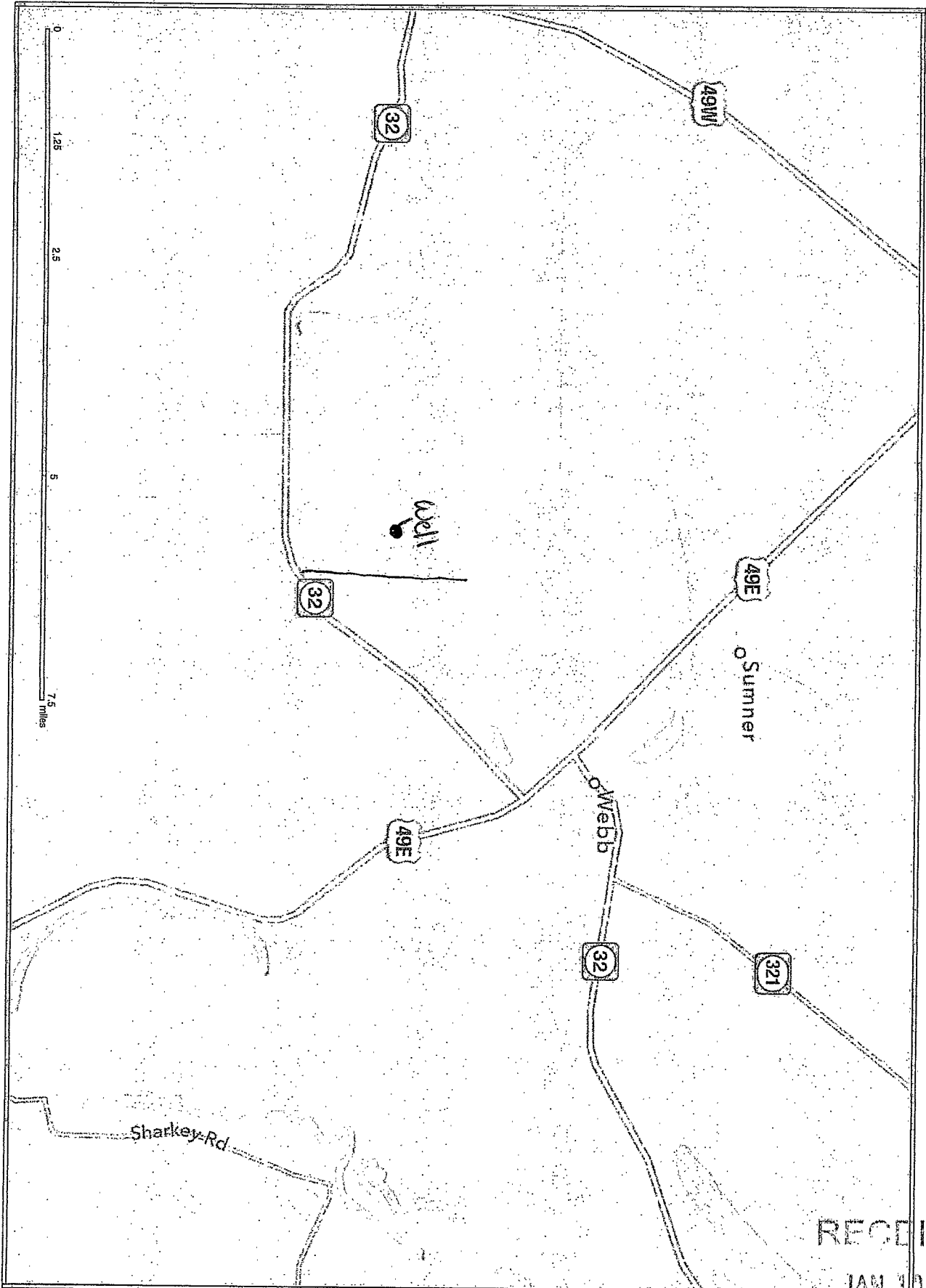
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 47 feet above or below (circle one) land surface Date measured: 12-7-16
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 70 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 0 feet to 70 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: Tallahatchie
 Permit #: 6W-49607
 Driller: Joel Jumper
 Date completed: 12-7-16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H213
 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>Webb Jackson</u> | Latitude: <u>33-54-44</u> Longitude: <u>90-23-06</u> |
| Mailing Address: <u>Po Box 9</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Summer</u> <u>Ms</u> <u>38957</u> City State Zip Code | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| Telephone No. () _____ | <u>NE</u> ¼ <u>NE</u> ¼ Sec <u>34</u> T <u>24N</u> R <u>02W</u> |
| | Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>Webb</u> |

| 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>12-7-16</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2,200</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>12-7-16</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>48</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>58</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>58</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>2,200</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>8</u> hours | |

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

Joel Jumper 5317
 Print Name of Pump Installer and License No. (if applicable)

Joel Jumper
 Signature of Pump Installer

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