

Job # 9154

16

County: Tallahatchee  
 Permit #: GW43228  
 Driller: Pete Sappington  
 Date drilling completed: 5-8-09

**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  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L109  
 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>James Farms</u>	Latitude: <u>33° 55' 22" N</u> Longitude: <u>90° 07' 04" W</u>
Mailing Address: <u>850 CR 272</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Oakland</u>	USGS quad, <u>NE 1/4 SE 1/4 Sec 30 Twn 24N Rng 2E</u>
<u>MS 38948</u>	Distance <u>10</u> Miles Direction <u>SW</u> of Nearest Town <u>Charleston</u>
City State Zip Code	
Telephone No. <u>(662) 809-7934</u>	

**Well / Borehole Data**

Date drilling started: 5-8-09 Date drilling completed: 5-8-09 Hole depth: 100 Hole diameter: 10

Location of the source of any surface water used for drilling: ditch near well

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: 7 feet above or below (circle one) land surface Date measured: 5-8-09

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.32 inches Setting depth: From 10 feet to 100 feet

Type of completion (circle all applicable):  Gravel/packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of tap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

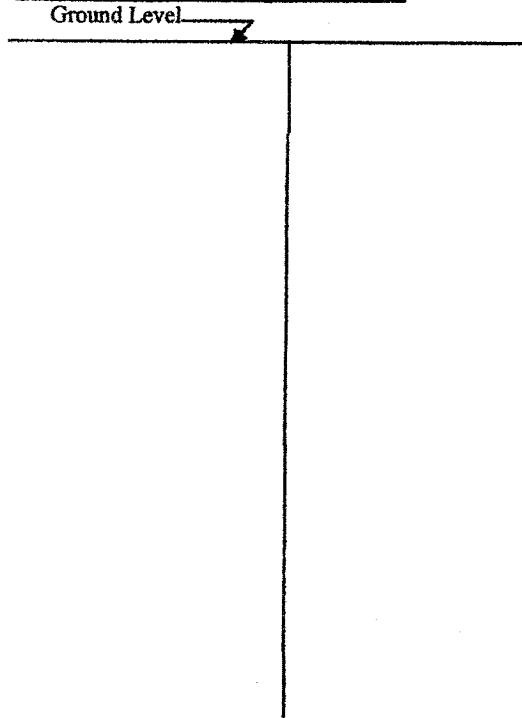
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BY: OLWR

The sketch below only required for water wells

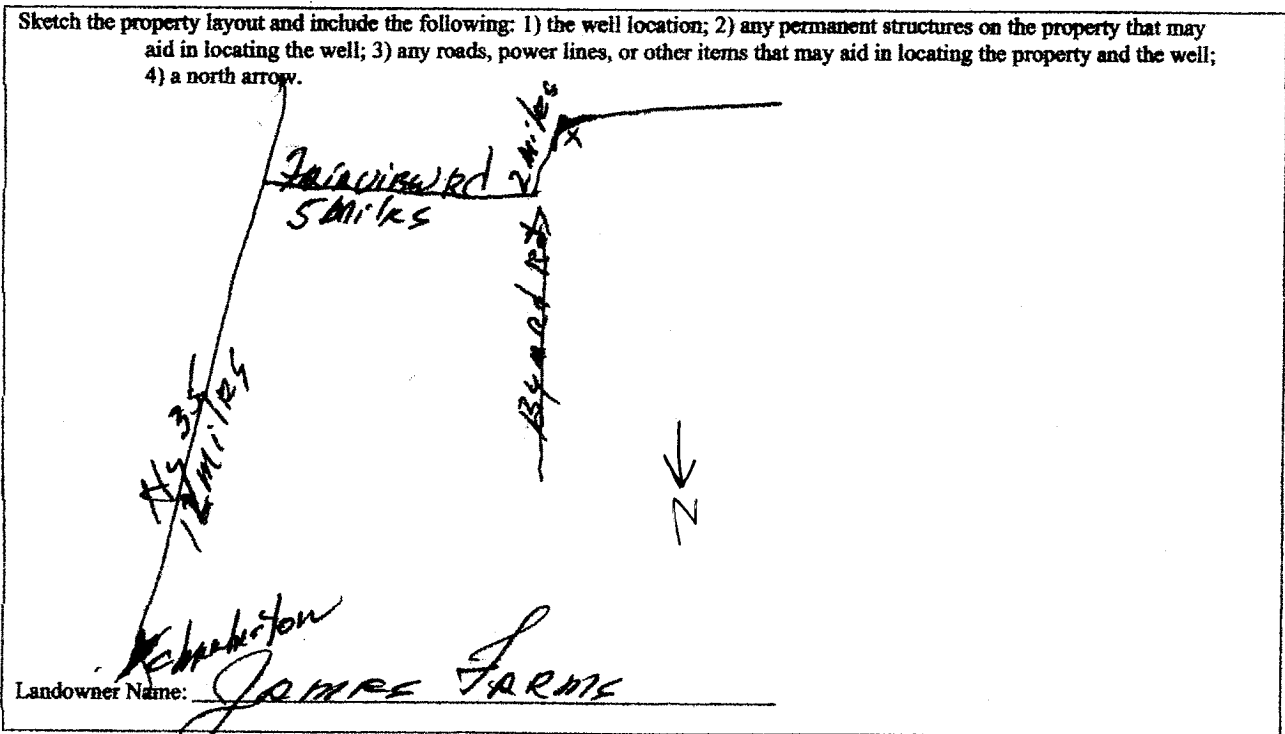
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0'	12'
COVER SAND + GRAVEL	12'	100'

If more than one screen, show location of each on sketch



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

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.

0430      5-8-09

Print Name of Responsible Licensee and License No.      Date

*Pat S...*

Signature of Licensee

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 04009  
 Elevation: W109

County: TALLAHATCHIE  
 Permit #: \_\_\_\_\_  
 Driller: PETE'S WELL DRILLING  
 Date completed: 5-8-09  
*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.*

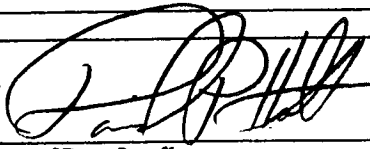
Well Owner Information	Well Location
Owner Name: <u>JAMES FARMS</u>	Latitude: <u>33°55'13.3"</u> Longitude: <u>90°07'4.3"</u>
Mailing Address: <u>850 CR 272</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <sup>13'</sup> <input type="checkbox"/> <sup>04"</sup>
<u>Oakland, MS 38948</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30</u> T <u>24N</u> R <u>2E</u>
Telephone No. <u>(662) 809-7934</u>	Distance Direction Nearest Town <u>6</u> Miles <u>SW</u> of <u>CHARLESTON</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <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>15</u>
Date Pump Installed: <u>5-30-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</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"/> <u>Steel Tape</u>
Static Water Level (A): <u>7</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 C-752P  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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JUN 08 2009 <sup>Job</sup>  
 BY: OLWR 9154