

County: TALLAHATCHIE  
 Permit #: GW-48198  
 Driller: JOEL JUMPER  
 Date drilling completed: 8-9-14

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 #: L122  
 I. 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: EDDIE REYNOLDS  
 Mailing Address: 900 EAST MAIN ST  
CHARLESTON MS 38921  
 City State Zip Code  
 Telephone No.: \_\_\_\_\_

Well or Borehole Location  
 Latitude: 34° 54' 01" N Longitude: 90° 07' 22" W  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad. (hand-held GPS) Survey-grade GPS  
SE 1/4 SE 1/4 Sec 31 Twn 24N Rng 6E  
 SW Direction Nearest Town  
7 Miles SW of Charleston

Well / Borehole Data  
 Date drilling started: 8-9-14 Date drilling completed: 8-9-14 Hole depth: 100 Hole diameter: 22.7  
 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: 8 feet above or below (circle one) land surface Date measured: 8-9-14  
 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: 12 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC  
 Screen slot size: 0.50 inches Setting depth: From 0 feet to 60 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

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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 #: GW-42198  
 Driller: Skel Jumper  
 Date completed: 8-10-14  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L122  
 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>EDDIE REYNOLDS</u>	Latitude: <u>34 54 01</u> Longitude: <u>90 07 22</u>
Mailing Address: <u>900 EAST MAIN ST</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Charleston MS 32921</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 31 T24N R 02E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>SW</u> of <u>Charleston</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>60HP</u>
Date Pump Installed: <u>8-10-14</u>	Setting Depth: <u>0 to 60</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-10-14</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>18</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1800</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.

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

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/06)