

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)

County: WASHINGTON
Permit #: GW-44594
Driller: J. NEWCOME 0.773
Date drilling completed: 1-20-12

For Office Use Only:
Aquifer: A 236
Well #:
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: Anderson, Malvina Bridges, Revocable Trust
Mailing Address: 1001 South 10th Street, Ste G, McAiken, TX 78501
Well or Borehole Location
Latitude: 33.28.56 Longitude: 91.04.11
Method of Lat/Long: Conventional Survey, Hand-held GPS
USGS quad: NW 1/4 NW 1/4 Sec 19, Twn 19N, Rng 08W
Distance: 4 Miles, Direction: N, Nearest Town: GREENVILLE

Well / Borehole Data
Date drilling started: 1-20-12 Date drilling completed: 1-20-12 Hole depth: 122 Hole diameter: 24
Location of the source of any surface water used for drilling: DITCH
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS
Logs run (circle all applicable): No log run
Purpose of borehole (check one): Water Well X
Purpose of Well (check one): Fish Culture X
Static Water Level:
Method of Measurement (circle one): steel tape
Well depth: 120 Well grouted to a depth of 10 feet
Casing length: 90 Casing diameter: 16 inches
Screen length: 30 Screen diameter: 16 inches
Screen slot size: .050 inches
Type of completion (circle all applicable): Gravel packed

Form: OLWR-SWA (1/2008)

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BY: OLWR

County: WASHINGTON
 Permit #: GW-44594
 Driller: J. NEWCOME 0-773
 Date completed: 1-20-2012
Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____
 Well #: A236
 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>ANDERSON MALVINA BRIDGES, TRUST</u>	Latitude: <u>33° 28' 56"</u> Longitude: <u>091° 04' 11"</u>
Mailing Address: <u>1001 SOUTH 10TH ST.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SUITE G</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>MEALLEN TX 78501</u>	<u>NW 1/4 NW 1/4 Sec 19 T 19N R 08W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>4</u> Miles <u>N.</u> of <u>GREENVILLE</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 HP</u>
Date Pump Installed: <u>1-24-2012</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Cory Rowe 0-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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