

**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 #: B113  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Washington  
Permit #: GW-44930  
Driller: J. NEWCOME 0.773  
Date drilling completed: 6.27.2012

**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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Speakes, Charles C, Estate</u>                                | Latitude: <u>33° 24' 25"</u> Longitude: <u>90° 55' 05"</u>                          |
| Mailing Address: <u>P.O. Box 117</u>   | Method of Lat/Long (circle one): Conventional Survey, <u>30 59</u> <u>56 51</u>     |
| <u>Benoit</u> <u>MS</u> <u>38725</u>   | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS                                  |
| City State Zip Code  | <u>NE 1/4 NW 1/4 Sec. 08 1 NW 1/4 Rng 07W</u>                                       |
| Telephone No. ( ) _____  | Distance Direction Nearest Town<br><u>8.5</u> Miles <u>N.E.</u> of <u>GREENWILE</u> |

**Well / Borehole Data**

Date drilling started: 6.27.12 Date drilling completed: 6.27.12 Hole depth: 107 Hole diameter: 20"

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 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: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 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***

FEB 20 2013



# STATE WELL REPORT

## Part 2

County: Washington  
 Permit #: 6W-44930  
 Driller: J. Newcome 0-773  
 Date completed: 6-28-2012

**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 #: B113  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information                        | Well Location  |
|---|--|
| Owner Name: <u>Speakes, Charles C, Estate</u> | at: <u>33 24 25</u> Longitude: <u>90 55 05</u>                             |
| Mailing Address: <u>P.O. Box 117</u>          | <u>30 59</u> <u>56 51</u>  |
| <u>Benoit</u> MS <u>38725</u>                 | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey. |
| City State Zip Code                           | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS                           |
| Telephone No. ( ) _____                       | <u>NE 1/4 NW 1/4 Sec 08 Twn 19N Rng 07W</u>                                |
|   | Distance Direction Nearest Town  |
|   | <u>8.5 Miles N.E. of Greenville</u>  |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u>                       | Diesel Engine Gasoline Engine Natural Gas  |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Min drill _____ Other (specify): _____   |
| Other (specify): _____  | Motor: <u>30HP</u>   |
| Date Pump Installed: <u>6-28-2012</u>                                       | Setting Depth: <u>70</u> feet  |
| Rated Pump Capacity: <u>1200</u> Gallons Per Minute                         | Number of Stages: <u>1</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: _____                                | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> |
| 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   |   |

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

Hubbard Stephens 741-P Hubbard Stephens  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

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BY: OLWR