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### 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 39275-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: EA18  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

Country: Washington  
 Permit #: 3W-47862 J  
 Driller: Clarence McMurtry  
 Date drilling completed: 1-10-14

*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.*

#1913 Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Delta Research &amp; Ext. Center</u>	Latitude: <u>33° 25' 56"</u> Longitude: <u>90° 54' 36"</u>
Mailing Address: <u>82 Stoneville Rd</u> <u>P.O. Box 197</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Stoneville</u> MS <u>38776</u>	<u>SW</u> 1/4 <u>SE</u> 1/4, Sec <u>03</u> T <u>18N</u> R <u>02W</u>
City State Zip Code	<u>.64</u> Miles <u>N</u> of <u>Stoneville</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 822-9064</u>	

**Well / Borehole Data**

Date drilling started: 1-10-14 Date drilling completed: 1-10-14 Hole depth: 100' Hole diameter: 22"

Location of the source of any surface water used for drilling: pumped from nearby 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

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

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 31 feet [above or below] (circle one) and surface Date measured: 1-13-14

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

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: 8 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 8 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth. From 60 feet to 100 feet

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

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

Top of lap pipe or reduction in casing: N/A feet

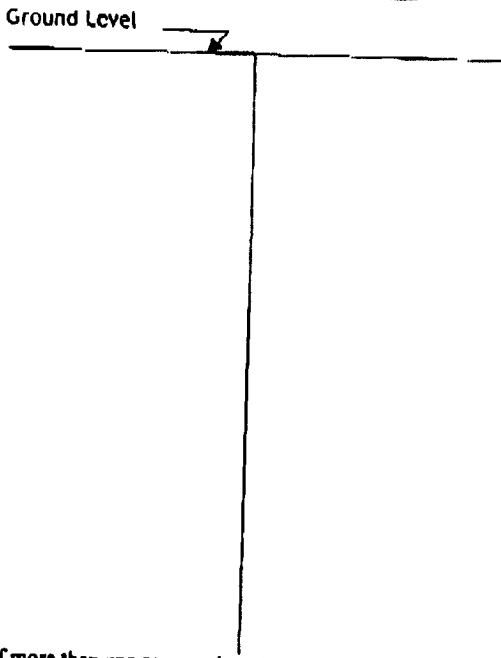
*If telescoped or more than one screen, describe on next page*

County: Washington  
Permit #: GW-47862

For Office Use Only:  
Well #: E216

The sketch below only required for water wells

If well telescopes, show depths on sketch.



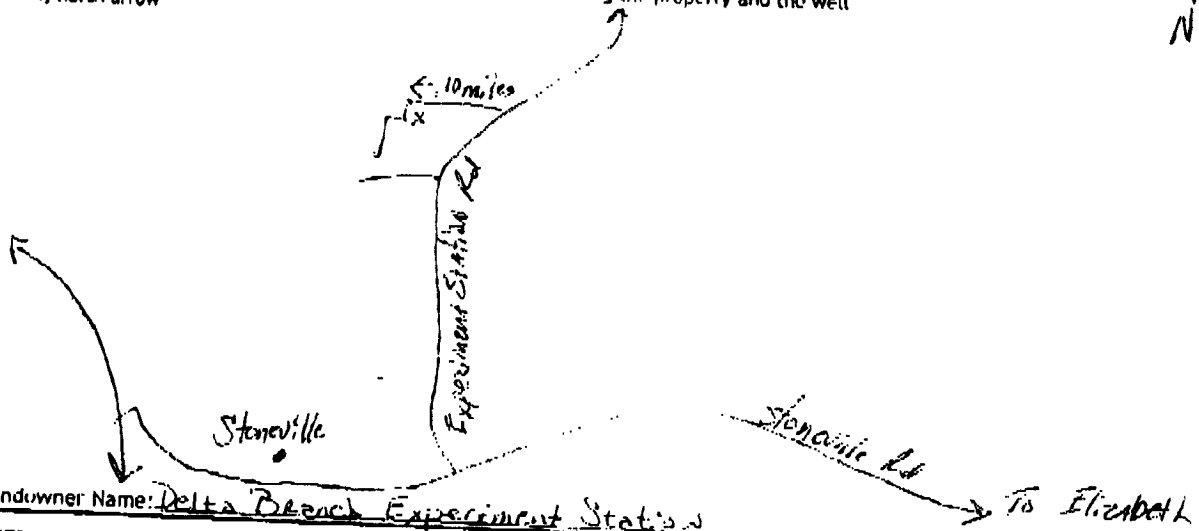
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil Sand	Ground level	8
Clay	8	18
Fine Sand & Clay	18	41
Medium Sand	41	58
Medium Coarse Sand & Pea Gravel	58	70
Medium Sand & pea gravel & clay	70	77
Medium Sand	77	89
Coarse Sand & gravel	89	120

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

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: Delta Branch Experiment Station

I HEREBY 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.

Clayton Miller 0-703  
Print Name of Responsible Licensee and License No.

1-14-14 Clayton Miller  
Date Signature of Licensee

### 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Washington  
 Permit #: BW-47862  
 Driller: Michael Wells  
 Date completed: 1-13-14  
 Copy information from block on Part 1

**For Office Use Only:**  
 Well #: E218  
 Aquifer: \_\_\_\_\_

*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>Delta Research &amp; Ext. Center</u>	Latitude: <u>33° 25' 56"</u> Longitude: <u>90° 54' 36"</u>
Mailing Address: <u>82 Stoneville Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 197</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Stoneville MS 38776</u>	<u>SW 1/4 SE 1/4, Sec 03 T 18N R 02W</u>
City State Zip Code	<u>6.4</u> Miles <u>N</u> of <u>Stoneville</u>
Telephone No. ( <u>662</u> ) <u>822-9064</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 1-13-14 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute  
 Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 3 Setting Depth: 70 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours  
 Static Water Level (A): 31 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons Per Minute  
 Method of measurement (circle one): Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well** N/A  
 Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation** N/A  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (circle one):  New  Repaired  Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREDY CERTIFY that the above statements are true to the best of my knowledge.  
Clayton Miller 1-15-14 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer