

**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: H 230  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: GW-45869 ✓  
Driller: S. NEWCOME 0-773  
Date drilling completed: 6-1-2012

*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><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location  |
|---|--|
| Owner Name: <u>Bess Bennett</u>   | Latitude: <u>33° 18' 35"</u> Longitude: <u>90° 55' 40"</u>                 |
| Mailing Address: <u>P.O. Box 273</u>  | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> |
| <u>Stoneville MS 38776</u>  | USGS quad: <u>SE 1/4 NW 1/4 Sec 21</u> ✓ Twn <u>17N</u> Rng <u>07W</u>     |
| City State Zip Code   | SW NE Direction Nearest Town   |
| Telephone No. ( ) _____   | <u>9</u> Miles <u>S.W.</u> of <u>LELAND</u>                                |

**Well / Borehole Data**

Date drilling started: 6-1-12 Date drilling completed: 6-1-12 Hole depth: 80 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  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: 87 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 50<sup>40</sup> feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 37 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 40 feet to 87 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*

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

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H230

# 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 #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Washington  
Permit #: GW-45869  
Driller: J. Newcome 0-773  
Date completed: 6-1-2012  
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>Bess Bennett</u>      | Latitude: <u>33°18'35"</u> Longitude: <u>90°55'40"</u>   |
| Mailing Address: <u>P.O. Box 273</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Stoneville MS 38776</u>           | <u>SE 1/4 NW 1/4 Sec 21 T 17N R 07W</u>  |
| City State Zip Code                  | Distance Direction Nearest Town  |
| Telephone No. ( ) _____              | <u>9</u> Miles <u>S.W</u> of <u>Leland</u>   |

| Pump Type  | Power Type   |
|--|--|
| Circle one   | Circle one   |
| Air Lift <input type="checkbox"/> Jet <input 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"/>           | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| 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>40</u>   |
| Date Pump Installed: <u>6/4/12</u>   | Setting Depth: <u>70</u> feet  |
| Rated Pump Capacity: <u>1600</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| 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

JUN 18 2012

BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Cory Rowe 0-711P  
Print Name of Pump Installer and License No. (if applicable) Cory Rowe  
Signature of Pump Installer