

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 #: 6W-454091
Driller: J. NEWCOME 0-773
Date drilling completed: 1-19-12

For Office Use Only:
Aquifer: L 193
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: Martha Pruett
Mailing Address: 218 Belle Meade Place
Kennett MO 63857
Well or Borehole Location
Latitude: 33.14.15 Longitude: 90.52.40
Method of Lat/Long: Conventional Survey, Hand-held GPS
USGS quad: SW 1/4 NW 1/4 Sec 13 Twn 16N Rng 07W
Distance: 2 Miles Direction: S of Nearest Town: ARCOLA

Well / Borehole Data
Date drilling started: 1-19-12 Date drilling completed: 1-19-12 Hole depth: 112 Hole diameter: 20"
Location of the source of any surface water used for drilling: DEER CREEK
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:
Purpose of borehole (check one): Water Well X 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 X 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: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 80 feet Casing diameter: 10 inches Type of casing: P.V.C.
Screen length: 30 feet Screen diameter: 10 inches Type of screen: P.V.C.
Screen slot size: .050 inches Setting depth: From 80 feet to 110 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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BY: OLWR

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: WASHINGTON
 Permit #: GW-45409
 Driller: J. NEWCOME 0-773
 Date completed: 1-19-2012
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L193
 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>MARTHA PRUETT</u>	Latitude: <u>33°14' 15"</u> Longitude: <u>090° 52' 40"</u>
Mailing Address: <u>218 BELLE MEADE PL.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>KENNETT, MD 63857</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 13 T 16N R 07W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>S.</u> of <u>ARCOLA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30 HP</u>
Date Pump Installed: <u>1-23-2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level 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.

Cony Rowe 0-711P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C 07-09

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