

HOBART

# 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: \_\_\_\_\_  
Well #: L199  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: GW-45874  
Driller: J. NEWCOME 0.773  
Date drilling completed: 4.24.2012

**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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Chalmers Hobart</u>	Latitude: <u>33° 14' 16"</u> Longitude: <u>90° 58' 02"</u>
Mailing Address: <u>P.O. Box 25</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Arvon</u> MS <u>38723</u>	SE 1/4 NW 1/4 Sec <u>18</u> Twn <u>16N</u> Rng <u>07W</u>
City State Zip Code	Distance <u>7</u> Miles Direction <u>S.W.</u> of Nearest Town <u>ARCOLA</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 4.24.12 Date drilling completed: 4.24.12 Hole depth: 82 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: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 30 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 50 feet to 80 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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**JUN 18 2012**  
**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-45874  
Driller: J. Newcome 0-773  
Date completed: 4-24-2012  
*Copy information from block on Part 1*

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L199  
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>Chalmers Hobart</u>	Latitude: <u>33°14'16"</u> Longitude: <u>90°58'02"</u>
Mailing Address: <u>P.O. Box 25</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Avon</u> MS <u>38723</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>18</u> T <u>16N</u> R <u>07W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>7</u> Miles <u>S.W.</u> of <u>Arcola</u>

Pump Type	Power Type
Air Lift	Diesel Engine
Jet	Gasoline Engine
<input checked="" type="radio"/> Submersible	Natural Gas
Bucket	<input checked="" type="radio"/> Electric Motor
Piston	Hand
Turbine	Tractor PTO
Centrifugal	Windmill
Rotary	Other (specify): _____
Flowing Well	
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>5/5/12</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
Date Well Tested: _____	Air Line
Static Water Level (A): _____ Feet Below Land Surface	<input checked="" type="radio"/> Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Steel Tape
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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.

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

[Signature]  
Signature of Pump Installer

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JUN 18 2012  
BY: OLWR