

HYER

### 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 #: M 228  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: GW-46786  
Driller: J. NEWCOME 0-773  
Date drilling completed: 3-1-2013

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>HYER FARMS</u>	Latitude: <u>33° 13' 40"</u> Longitude: <u>90° 43' 50"</u>
Mailing Address: <u>1820 TRIBBETT ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS
<u>HOLLANDALE</u> <u>MS</u> <u>38748</u> City State Zip Code	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>20</u> Twn <u>16N</u> Rng <u>05W</u>
Telephone No. ( ) _____	Distance <u>15</u> Miles Direction <u>NE</u> of Nearest Town <u>HOLLANDALE</u>

**Well / Borehole Data**

Date drilling started: 3-1-13 Date drilling completed: 3-1-13 Hole depth: 119 Hole diameter: 24"

Location of the source of any surface water used for drilling: SLOUGH

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

Casing length: 77 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 77 feet to 117 feet

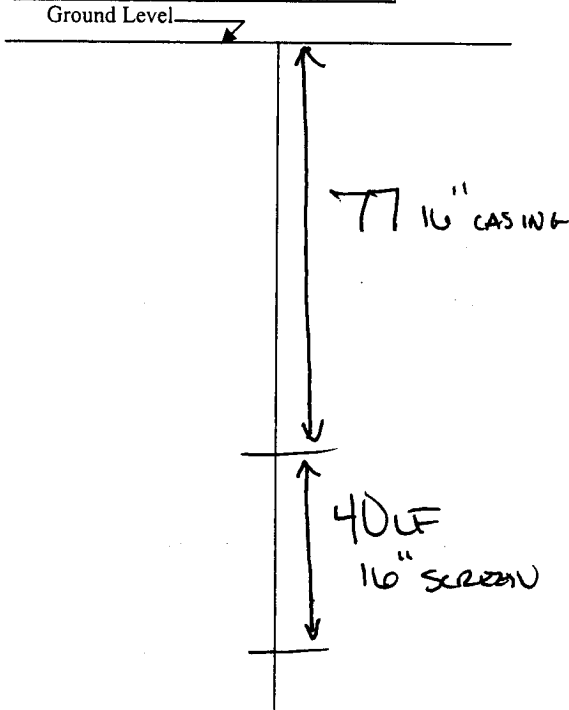
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SV (04/08)  
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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	Ground Level	10
CLAY	10	45
MIX CLAY/SAND	45	50
MEDIUM SAND	50	60
COARSE SAND	60	85
COARSE SAND / PEBBLES	85	117
BOTTOM	117	119

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) a north arrow.

SEE MAP

Landowner Name: \_\_\_\_\_

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

I 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.

JOHN NEWCOME 0.773 3.1.2013

Print Name of Responsible Licensee and License No. 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6000 (fax)

County: Washington  
 Permit #: GW-46786  
 Driller: J. Newcome  
 Date completed: 3-1-2013

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M228  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer within 30 days of the installation of pump.

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**Well Owner Information**

Owner Name: Hyer Farms  
 Mailing Address: 1820 Tribbett Rd  
Hollandale MS 38748  
City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 33.13.40 Longitude: 90.43.50  
 Method of Lat/Long (circle one): Conventional Survey.  
 USGS quad, Hand-held GPS, Survey-grade GPS  
NE 1/4 NE 1/4 Sec 20 Twn 16N Rng 05W  
 Distance Direction Nearest Town  
1.5 Miles NE of Hollandale

**Pump Type**  
Circle one

Air Lift Jet  Sbr   
 Bucket Piston  3  
 Centrifugal Rotary  Flowing Well   
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 3-5-13  
 Rated Pump Capacity: 2400 Gallons Per Minute

**Power Type**  
Circle one

Electric Gasoline Engine Natural Gas  
 Hand Tractor PTO  
 Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 60<sup>hp</sup>  
 Setting Depth: 60 feet  
 Number of Stages: 2

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface  
 Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B)-(A)]: Not tested Feet Below Land Surface  
 Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
Circle one

Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
Not tested  
 Flowing well measured static head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ Gallons Per Minute with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

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

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 BY: OLWR