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XAN · NORTH WELL

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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 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: WASHINGTON  
 Permit #: GW-464845857  
 Driller: J. NEWOME 0.713  
 Date drilling completed: 5.8.13

For Office Use Only:  
 Aquifer: R-81  
 Well #: N164  
 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)	Well or Borehole Location
Owner Name: <u>oak GROVE FARMS</u>	Latitude: <u>33° 06' 09"</u> Longitude: <u>91° 07' 47"</u>
Mailing Address: <u>65 HOLLY RIDGE ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>INDIANOLA</u> MS <u>38751</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1R</u> 1/4 <u>1R</u> 1/4 Sec <u>03</u> Twn <u>14N</u> Rng <u>09W</u>
Telephone No. ( ) _____	<u>SE</u> <u>SW</u> <u>25</u> <u>15N</u>
	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>CRATHAM</u>

#### Well / Borehole Data

Date drilling started: 5.8.13 Date drilling completed: 5.8.13 Hole depth: 112 Hole diameter: 20"

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 TABLET

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

Casing length: 70 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70 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*

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

RECEIVED

JUN 13 2013

BY: OLWR



STATE OF MISSISSIPPI 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)

**For Office Use Only:**

County: Washington  
Permit #: GW-49918  
Driller: S. Newcome 0773  
Date completed: 5.8.13  
*Copy information from block on Part 1*

Well #: N 164  
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>Oak Grove Farms</u>	Latitude: <u>33°06'09"</u> Longitude: <u>91°07'47"</u>
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Indianola</u> MS <u>38751</u>	<u>IR</u> <u>IR</u> <u>03</u> <u>T 14N</u> <u>R 09W</u>
City State Zip	<u>5</u> Miles <u>W</u> of <u>Chatlam</u>
Telephone No. _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 5/9/13 Rated Pump Capacity: 600 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: 10 1/2 Setting Depth: 20 feet Number of Stages: 1

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

**Pump Test Data for Flowing Well**  
 Measured shut in head: Not tested feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: No Meter Type of Meter: **RECEIVED**  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_ JUN 13 2013  
 Is This Meter (circle one):  New  Repaired  Replacement  
**BY: OLWR**  
*Important: By submitting the above information you are certifying that the water was installed to manufacturer standards. For agricultural wells, a list of approved meters is available on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Hubbard Stephens 741-P 5/28/13 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer