

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: 0136

Well #: _____

L. S. Elevation: _____

E-log #: _____

County: WASHINGTON
 Permit #: GW-45707J
 Driller: J. NEWCOME 0.773
 Date drilling completed: 5-3-2012

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>Sandifer, VL and So Willie</u>	Latitude: <u>33° 10' 41"</u> Longitude: <u>90° 52' 07"</u>
Mailing Address: <u>P.O. Box 667</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hollandale MS 38748</u>	USGS quad: <u>SE 1/4 NE 1/4 Sec 01 Twn 15N Rng 07W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>0</u> Miles <u>W</u> of <u>HOLLANDALE</u>

Well / Borehole Data

Date drilling started: 5-3-12 Date drilling completed: 5-3-12 Hole depth: 112 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: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 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 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*

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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 #: GN-45707

Driller: S. NEWCOME 0-773

Date completed: 5-3-2012

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: _____

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

Owner Name: VL & SONYHE SANDIFER

Mailing Address: PO BOX 1667

HOLLANDALE MS 38748
City State Zip Code

Telephone No. () _____

Well Location

Latitude: 33°10'41" Longitude: 90°52'07"

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS , Survey-grade GPS _____

SE ¼ NE ¼ Sec 01 T 15N R 07W

Distance Direction Nearest Town
0 Miles W of HOLLANDALE

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 5/9/12

Rated Pump Capacity: 2400 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 60

Setting Depth: 70 feet

Number of Stages: 1

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)]: _____ 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): _____

For flowing well, measured shut in head: _____ feet

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.

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

[Signature]
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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