

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-45666
Driller: J. NEWCOME 0-773
Date drilling completed: 2-29-2012

For Office Use Only:
Aquifer: P 184
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: Parkinson, Amy and Margarite Crews
Mailing Address: 707 south Main Street
Greenville MS 38701
Well or Borehole Location
Latitude: 33° 09' 49" Longitude: 90° 49' 05"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad: Hand-held GPS Survey-grade GPS
1/4 NE 1/4 Sec 09 Twn 15N Rng 06W
Distance 1.5 Miles Direction EAST of Nearest Town HOLLANDALE

Well / Borehole Data
Date drilling started: 2-29-12 Date drilling completed: 2-29-12 Hole depth: 112 Hole diameter: 24"
Location of the source of any surface water used for drilling: CANAL
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 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: 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 60-80' feet to 90-110' 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)

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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-45666
 Driller: J. Newcome 0-773
 Date completed: 2/29/12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P184
 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>Parkinson, Amy + Margrite Crew</u>	Latitude: <u>33 09 49</u> Longitude: <u>90 49 05</u>
Mailing Address: <u>707 South Main St.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville, MS 38701</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. (____) _____	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>09</u> T <u>15N</u> R <u>6W</u>
	Distance <u>1.5</u> Miles Direction <u>E</u> of Nearest Town <u>Hollandale</u>

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30 hp</u>
Date Pump Installed: <u>3/8/12</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: _____	Circle one Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 [Signature] RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWB-1C (07-09)
APR 05 2012

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