

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 #: R 77
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-45857-46918
Driller: J. HEWCOME 0.773
Date drilling completed: 2.6.2013

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>DAK GROVE FARMS</u>	Latitude: <u>33° 05' 17"</u> Longitude: <u>91° 07' 59"</u>
Mailing Address: <u>65 HOLLY RIDGE ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>INDIANOLA</u> <u>MS</u> <u>38751</u>	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>35</u> Twn <u>15N</u> Rng <u>09W</u>
City State Zip Code	<u>1R</u> <u>IR</u> <u>3</u> <u>14N</u>
Telephone No. () _____	Distance <u>4</u> Miles Direction <u>S.W.</u> of Nearest Town <u>CHATHAM</u>

Well / Borehole Data

Date drilling started: 2.6.13 Date drilling completed: 2.6.13 Hole depth: 117 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: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 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 75 feet to 115 feet

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

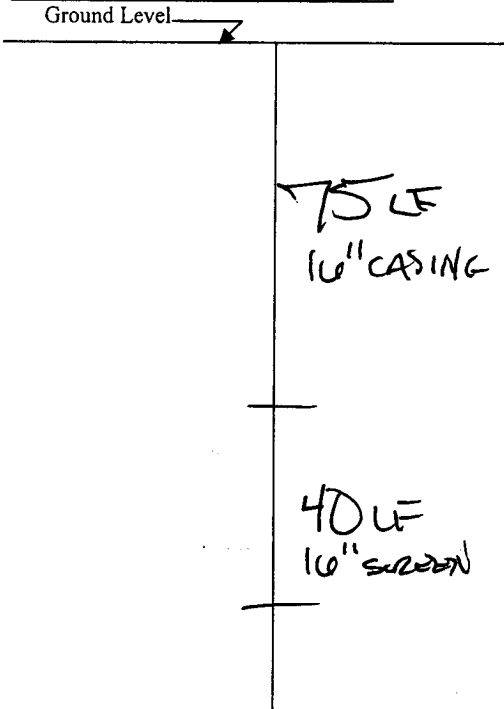
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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R77

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	20
FINE SAND	20	60
FINE/FAIR SAND	60	70
MED/FINE SAND	70	75
MEDIUM SAND	75	90
MEDIUM/COARSE SAND	90	105
COARSE SAND PEBBLES	105	112
BOTTOM	112	117

If more than one screen, show location of each on sketch

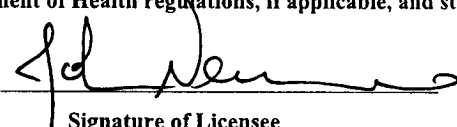
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

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 2-6-13 

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

GW46918

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)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: R77

Elevation: _____

County: Washington
Permit #: GW-48857
Driller: J. Newcome 0.773
Date completed: 2.6.2013

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Oak Grove Farms</u>	Latitude: <u>33° 05.17</u> Longitude: <u>91.07.59</u>
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Indianola MS 38751</u>	USGS quad, <u>SE</u> <u>1/4 SW 1/4</u> Sec. <u>25</u> Twp. <u>18N</u> Rng. <u>09W</u>
City State Zip Code	Distance <u>IR</u> Direction <u>3</u> Nearest Town <u>IAN</u>
Telephone No. () _____	<u>4</u> Miles <u>S.W.</u> of <u>Chatham</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flow <input type="checkbox"/>	Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>60HP</u>
Date Pump Installed: <u>3-12-2013</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>Not Tested</u>
Pumping Water Level (B): <u>Not Tested</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>Not Tested</u> 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	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Hubert Stel 741-P Print Name of Pump Installer and License No. (if applicable)
Hubert Stel Signature of Pump Installer

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