

XAN, SOUTH WOU

### 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-45859  
 Driller: J. NEWCOMB 0773  
 Date drilling completed: 5.7.13

For Office Use Only:  
 Aquifer: R 83  
 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)	Well or Borehole Location
Owner Name: <u>OAK GROVE FARMS</u>	Latitude: <u>33° 05' 43"</u> Longitude: <u>91° 08' 05"</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> MS <u>38751</u>	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>02</u> Twn <u>14N</u> Rng <u>09W</u>
City State Zip Code	Distance <u>4.5</u> Miles <u>IR</u> Direction <u>S.W.</u> of Nearest Town <u>CHATHAM</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 5.7.13 Date drilling completed: 5.7.13 Hole depth: 112 Hole diameter: 10"

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: 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-1 (12/08)

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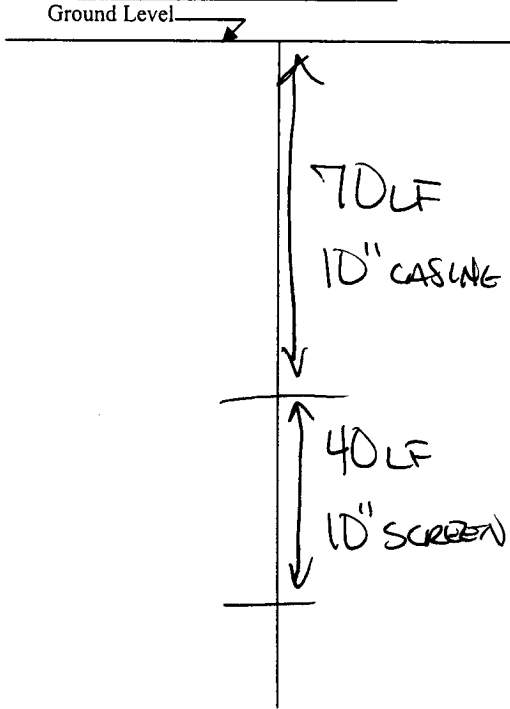
JUN 13 2013

BY: OLWR

R83

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	25
CLAY/FINE SAND	25	35
FINE SAND	35	65
MED/FINE SAND	65	80
MEDIUM COARSE	80	109
BOTTOM	109	112

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

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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 0773      5-7-13

Print Name of Responsible Licensee and License No.

Date

John Newcome

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 2309  
 Jackson, MS 39209-2309

### For Office Use Only:

Well #: R83

Aquifer: \_\_\_\_\_

County: Washington  
 Permit #: GW-48859  
 Driller: J. Newcome 0-773  
 Date completed: 5-7-13  
 Copy information from \_\_\_\_\_ on Part 1

*This part of the report must be completed by a licensed pump installer. A copy of Part 1 of the report must be attached and both filed with the report within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Oak Grove Farms</u>	Latitude: <u>33-05-43</u> Longitude: <u>91-08-05</u>
Mailing Address: <u>65 Holly Ridge Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City: <u>Indianola</u> State: <u>MS</u> Zip Code: <u>38751</u>	<u>NW 1/4 NW 1/4, Sec 02 T 14N R 09W</u>
Telephone No. (____) _____	<u>4.5</u> Miles <u>S.W.</u> of <u>Chatham</u> (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  Replaced

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Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 10<sup>hp</sup> Setting depth: 70' 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 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

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet. Not Tested

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Meter Model Number/Name: No Meter

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

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BY: OLWR

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

Hubbard Stephens 741-P 5/13/13 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer