

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: A79
Well #: 043
L. S. Elevation:
E-log #:

County: Winston
Permit #:
Driller: Thomas Drilling
Date drilling completed: 7-5-11

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: Tim Hobby
Mailing Address: Liberty Rd
City: Noxapater MS 39346
Telephone No: (662) 617-1841
Well or Borehole Location
Latitude: N 32° 59.121' Longitude: W 89° 11.147'
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NE 1/4 Sec 17 T13N R11E
Distance: 6 Miles Direction: W of Nearest Town: Noxapater

Well / Borehole Data
Date drilling started: 7-5-11 Date drilling completed: 7-5-11 Hole depth: 4 Hole diameter: 4
Location of the source of any surface water used for drilling: Thomas Drilling
Method of dosing and volume of Chlorine used in drilling and development: 1 lb in tender 1 lb in wash
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
Scismic 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: Poultry
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 90 feet above or below (circle one) land surface Date measured: 7-5-11
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 225 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 195 feet to 225 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)

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: Winston
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 7-25-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 043
 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>Tim Hobby</u>	Latitude: <u>32° 59' 19" N</u> Longitude: <u>89° 11' 14" W</u>
Mailing Address: <u>Liberty Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Naxapater, MS 39346</u> City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>17</u> T <u>13N</u> R <u>11E</u>
Telephone No. <u>(601) 617-1841</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Naxapater</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <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"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>5hp 30 variable</u>
Date Pump Installed: <u>7-25-11</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-25-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>58</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> 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:

David S. Thomas 0-142 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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