

### State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)981- 5210  
(601)981- 5228 (fax)

County Y4200  
 Permit #: GW-46737 ✓  
 Driller: Clarence McMurtry  
 Date drilling completed 3-8-13

**For Office Use Only:**  
 Aquifer \_\_\_\_\_  
 Well #: 188  
 I. 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Phillips Bros Farm</u>	Latitude: <u>32° 57' 49"</u> Longitude: <u>90° 22' 54"</u> 57 49 22 54
Mailing Address: <u>4024 Money Sunk Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>YAZOO City MS 39194</u> City State Zip Code	NE ¼ NE ¼ Sec <u>22</u> Twn <u>13 N</u> Rng <u>02 W</u>
Telephone No. ( <u>662</u> ) <u>746-4408</u>	Distance _____ Miles Direction _____ of _____ Nearest Town _____ <u>#1710</u>

**Well / Borehole Data**

Date drilling started: 3-8-13 Date drilling completed: 3-8-13 Hole depth: 135' Hole diameter: 26"

Location of the source of any surface water used for drilling: fish pond  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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) Replaces GW14145

*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) N/A

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 3-19-13

Method of Measurement (circle one) steel tape  electric tape  air line \_\_\_\_\_ other: \_\_\_\_\_

Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one):  Non Cement  Bentonite  Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 85 feet to 135 feet

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

Top of tap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

Well Only

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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 LAZOO  
 Permit # GW-46737  
 Driller: John Rybolt II  
 Date completed 3-19-13  
 Copy Information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well # A88  
 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>Phillips Bros Farm</u>	Latitude: <u>N 32° 57' 49"</u> Longitude: <u>W 90° 22' 54"</u>
Mailing Address: <u>4024 Money Sunk Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____ Survey-grade GPS _____
<u>J</u> <u>LAZOO</u> City <u>MS</u> <u>39194</u> State Zip Code	Distance _____ Miles Direction _____ of _____ Nearest Town _____
Telephone No. <u>(601) 746-4405</u>	<u>#1711</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input 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): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>3-9-13</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>66</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</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.

Clayton Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller  
 Signature of Pump Installer

Form: OLWR-10 (01/06)

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