

AD cock  
H.B.

# State Well Report Part 1

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)

County: YAZOO  
 Permit #: GW 42490  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 4-14-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-44  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>BONNIE FRAMS</u>	Latitude: <u>32.50.21"</u> Longitude: <u>90.42.56"</u>
Mailing Address: <u>16 CLAY ADCOCK</u> <u>PO BOX 159</u> <u>HOLLY BLUFF, MS. 39088</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SW 1/4 SE 1/4 Sec <u>33</u> Twn <u>11N</u> Rng <u>5W</u>
Telephone No: <u>662-828-3736</u>	Distance: <u>2</u> Miles Direction: <u>N</u> of Nearest Town: <u>HOLLY BLUFF</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 4-14-08 Date well drilling completed: 4-14-08

If flowing, 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: \_\_\_\_\_

Hole depth: 133 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 95 feet to 130 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

John Newcome  
Signature of Water Well Contractor

Pump NOT SET YET.

**RECEIVED**  
MAY 09 2008  
BY: OLWR



HOLD TILL PUMP SET

### 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)

County: YAZOO  
Permit #: EW 42490  
Driller: J. NEWCOMB 0-723  
Date completed: 4-14-08

For Office Use Only:  
Aquifer: E44  
Well #: H-25  
Elevation: \_\_\_\_\_

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**  
Owner Name: BONNIE FARMS  
Mailing Address: 40 CHAM ADCOCK  
PO Box 159  
HOLLY BLUFF, MS. 39088  
City State Zip Code  
Telephone No: 662-828-3736

**Well Location**  
Latitude: 32-50-21 Longitude: 90-42-56  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 SE 1/4 Sec 33 Twn 11N Rng 5W  
Distance Direction Nearest Town  
2 Miles N of HOLLY BLUFF

**Pump Type**  
Circle one  
Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well  
Other (specify): \_\_\_\_\_  
Date Pump Installed: 5-08-08  
Rated Pump Capacity: 2000 Gallons Per Minute

**Power Type**  
Circle one  
Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: 60  
Setting Depth: 60 feet  
Number of Stages: 2 Stage

**Pump Test Data**  
Date Well Tested: \_\_\_\_\_  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface  
Pumping Water Level (B): NOT TESTED Feet Below Land Surface  
Drawdown (B)-(A): \_\_\_\_\_ Feet Below Land Surface  
Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
Circle one  
Air Line Electric Measuring Line Steel Tape  
Other (specify): \_\_\_\_\_  
For flowing well, measured shut in head: \_\_\_\_\_ feet  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
OLEN ROWE 710-P \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Pump Report To Well Report Submitted  
PREVIOUSLY

RECEIVED  
MAY 12 2008  
BY: OLWR