GROUNDOR-MECLINIDUR

STATE WELL REPORT				
County: YAZOO		Part 1	For Office Use Only:	
Permit #: (5W-47682V	Driller's Log		Well #:EloE	
Driller: J. NEWCOME 0 773	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:	
Date drilling completed: 10.28.13	P.O. Box 2309 Jackson, MS 39225-2309		E-Log #:	
	((601)961-5210		
(601)360-0535 (fax) 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 w	be prepared by the ithin 30 days of co	license holder responsible for the mpletion of drilling of the well o	te work and filed with the or borehole.	
Well Owner Information		Well or Bore	hole Location	
(Landowner if borehole is not for a water well) Owner Name: 61050 Phot Fasm 5		Latitude: 32'51' 27' Lon	gitude: <u>09045' 20 "</u>	
		Method of Lat/Long (check one)	ì	
Mailing Address: P.O. Box 220				
		USGS quad, Hand-held GF	· \	
Haur Binfe MS City State	39088		25 TIZN R SW	
	Zip Code	$\frac{3.3}{100}$ Miles $\frac{N.E.}{N}$ of		
Telephone No. ()		(Distance) (Direction)	(Nearest Town)	
Well / Borehole Data				
Date drilling started: 10.28.13 Date drilling completed: 10.28.13 Hole depth: Hole diameter: 24 4				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TARXETS				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):			:	
Purpose of borehole (circle ope): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump			round 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture				
Other (describe):				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level:feet [above or below] land surface Date measured:				
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):				
Well depth: Well grouted to a depth of: Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length:				
Screen length: 40 feet Screen diameter: 10 inches Type of screen: 1.0.				
Screen slot size: 5 mches Setting depth: From				
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development				
Other (describe):				

If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing: _____feet

Form: OLWR-SWR-1A (4/13)

County: Nazoc		For Office Use Only:
Permit #: <u>61647682</u>		Well #:
	Description of formations and	ountered must be provided for all well:
The sketch below only required for water wells	and boreholes, unless specific	ally exempted by regulations
If well telescopes, show depths on sketch.	Description of Formations Encour	ntered From (depth) To (depth)
Ground Level	TOP SOIL	Ground level (D
	CUM	10 50
11	SMO	20 2
1 7-	MODIUM SAND	55 61
II DE	BOTOW	61 1157
16 cospla	Various	
16 CAS plan		
\ ∀		
<u> </u>		
11 40,6		
100		
16'screen		
<u> </u>		
·		
If more than one screen, show location of each on sketch		
Sketch the property layout and include the following: 1) the well location		
 any permanent structures on the property that may aid any roads, power lines, or other items that may aid in north arrow 	d in locating the well locating the property and the well	
•		
	•	
	= MAD	
	· INT	
Landowner Name:		•
I HEREBY CERTIFY that the well/borehole was drilled, or requirements of the Mississippi Department of Environn if applicable, and state laws.	constructed, and completed in a nental Quality and the Mississipper .	oi Department of Health regulations,
TOHI 15 0:773 1	D.28.13 /2/-	A 10.11
Print Name of Responsible Licensee and License No.	Date Date	Signature of Licensee
		Form: OLWR-SWR-1A (4/1

STATE WELL REPORT

County: Y6700 Permit #: CW-47682 Driller: J. West one 0.773 Date completed: 10.28.13 Copy information from block on Part 1

Part 2 p Installer's Completion Report

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309

(601)961-5210

For Office Use Only:		
Well #:	Elo8	
Aquifer:		

(601)	360-0535 (Tax)			
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: Grosveror Farms	Latitude: 32'57' 27" Longitude: 90° 43' 20"			
Mailing Address: P.O. Box 220	Method of Lat/Long (check one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Holly Bluff MS 39088 City State Zip Code	SW 1/2 NW 1/4, Sec 25 T 12N R SW 3.3 Miles N.E. of Holly BluFF			
Telephone No. ()	(Distance) (Direction) (Mearest Town)			
Pump Typ	e (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):			
Date Pump Installed: 11/2/13 R	lated Pump Capacity: <u>2500</u> Gallons Per Minute			
is This Pump (circle one): (New) Repaired Replacemen				
Power Ty	pe (circle one)			
Electric Diese Gasoline Natural Gas Tractor PTO Win				
Horse Power Rating of Motor: 60 Setting Dept	h: 70 feet Number of Stages:			
Pump Test Data for Non Flowing Well				
Date Well Tested: hours				
reet below Land Surface Fulliping Water Level (b)reet below Land Surface				
Drawdown [(B) - (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric ta				
Pump Test Data for Flowing Well				
Measured shut in head:	ited 1			
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
Meter Installation				
Meter Manufacturer: Meter Serial Number: Meter Model Number/Name D D D D D D D D D D D D D D D D D D D				
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				
·				
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.				

I HEREBY CERTIFY that the above statements are true to the	best of my knowledge.
	11/2/11/11/11/11/11
Print Name of Pump Installer and License No. (if applicable)	4/9/14 /
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer
	E OLIVE CHE 4D 444

Form: OLWR-SWR-1B (4/13)