

DEE PAUL

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)961- 5210
(601)961- 5228 (fax)

County: YAZOO
 Permit #: GW-44982 ✓
 Driller: J. NEWCOME 0.773
 Date drilling completed: 6.20.2012

For Office Use Only:
 Aquifer: F 82
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Paul, JR, Dennis A</u>	Latitude: <u>32° 53' 16"</u> Longitude: <u>90° 31' 36"</u>
Mailing Address: <u>19383 River Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ✓
<u>Yazoo City</u> MS <u>39194</u>	<u>SW 1/4 NE 1/4 Sec 17</u> ✓ Twn <u>12N</u> Rng <u>03W</u>
City State Zip Code	Distance <u>6</u> Miles Direction <u>NW</u> of Nearest Town <u>Yazoo City</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 6.20.12 Date drilling completed: 6.20.12 Hole depth: 112 Hole diameter: 24"

Location of the source of any surface water used for drilling: LAKE

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: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 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-1A (04/08)

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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)

For Office Use Only:

Aquifer: _____
Well #: _____
Elevation: _____

County: YA200
Permit #: GW-44482
Driller: S. NEWCOME 0-773
Date completed: 6-20-2012

Copy information from block on Part 1

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

Owner Name: DENNIS A. PAUL SR
Mailing Address: 19383 RIVER ROAD
YA200 CITY MS 39194
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 32°53'16" Longitude: 90°31'36"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS , Survey-grade GPS _____
SW ¼ NE ¼ Sec 17 T 12N R 03W
Distance Direction Nearest Town
6 Miles NW of YA200 CITY

Pump Type

Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 6-26-12
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: 600
Setting Depth: 70 feet
Number of Stages: 2

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ 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
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

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.

Cony Rowe 0-711P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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

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