

### 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: \_\_\_\_\_  
Well #: F83  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Yazoo  
Permit #: GW-46861 ✓  
Driller: J. NEWCOME 0-773  
Date drilling completed: 3.9.13

**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)	Well or Borehole Location
Owner Name: <u>ALONZO WOODS ESTATE</u>	Latitude: <u>32° 50' 20"</u> Longitude: <u>90° 27' 15"</u>
Mailing Address: <u>19383 RIVER ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ✓
<u>YAZOO CITY</u> MS <u>39194</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>36</u> ✓ Twn <u>12N</u> Rng <u>03W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3</u> Miles <u>NW</u> of <u>YAZOO CITY</u>

**Well / Borehole Data**

Date drilling started: 3.9.13 Date drilling completed: 3.9.13 Hole depth: 112 Hole diameter: 20"

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

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: 80 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 30 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 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***

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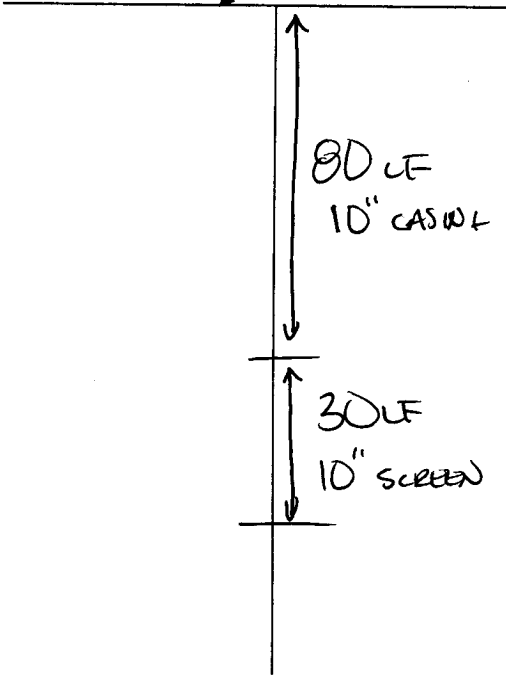
BY: OLWR

F83

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY	10 20	30
FINE SAND / CLAY STRIPS	30	50
FINE SAND	50	80
MED. / COARSE SAND	80	110
BOTTOM	110	112

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

SEE MAP

Landowner Name: \_\_\_\_\_

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

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

JOHN NEWCOME 0.773 3.9.13

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# STATE WELL REPORT

## Part 2

County: Yazoo  
 Permit #: GW-46861  
 Driller: J Newcome 0.773  
 Date completed: 3.9.13

**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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F83  
 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: Alonzo Wood Estate  
 Mailing Address: 19383 River Road  
Yazoo City MS 39194  
City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 32-50-20 Longitude: 90-27-15  
 Method of Lat/Long (circle one):  Conventional Survey  
 USGS quad, Hand-held GPS,  Survey-grade GPS  
SE 1/4 SE 1/4 Sec 36 Twn 12N Rng 03W  
 Distance Direction Nearest Town  
3 Miles NW of Yazoo City

**Pump Type**  
 Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston   
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 3-15-2013  
 Rated Pump Capacity: 600 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: 10 HP  
 Setting Depth: 70 feet  
 Number of Stages: 1

**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): Not tested Feet Below Land Surface  
 Test Pumping Rate: Not tested Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
 Circle one

Air  Electric Measuring Line  Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut-in head: Not tested 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.

Hubbard Stephens 741-P Hubbard Stephens  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR