

D. PAUL #1

### 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: F 90  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: YAZOO  
Permit #: GW-46863  
Driller: J. NEWCOME 0-773  
Date drilling completed: 5-23-13

**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>DE AND JULIE PAUL</u>	Latitude: <u>32° 53' 48"</u> Longitude: <u>90° 27' 15"</u>
Mailing Address: <u>19383 RIVER ROAD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>YAZOO CITY MS 39194</u> City State Zip Code	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. ( ) _____	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>13</u> Twn <u>12N</u> Rng <u>03W</u> SE SE 12 Distance Direction of Nearest Town <u>5</u> Miles <u>N.E.</u> of <u>YAZOO CITY</u>

**Well / Borehole Data**

Date drilling started: 5-23-13 Date drilling completed: 5-23-13 Hole depth: 122 Hole diameter: 20"

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

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: 120 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: 40 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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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JUL 10 2013

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 39202  
 (601) 961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: \_\_\_\_\_

Aquifer: \_\_\_\_\_

County: Yazoo  
 Permit #: GW-46863  
 Driller: J. Newcome 0-773  
 Date completed: 5-23-2013  
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	Well Location
Owner Name: <u>DE and Julie Paul</u>	Latitude: <u>32.53.48</u> Longitude: <u>90.27.15</u>
Mailing Address: <u>19383 River Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Yazoo City</u> City <u>MS</u> State <u>39194</u> Zip Code	<u>NW 1/4 NE 1/4, Sec 13 T 12N R 03</u>
Telephone No. (____) _____	<u>5</u> Miles <u>N.E.</u> of <u>Yazoo City</u> (Distance)      (Direction)      (Nearest Town)

**Pump Type (circle one)**

Submersible    Turbine    Air Lift    Centrifugal    Flowir Well    Jet    Piston    Rotary    Other (describe): \_\_\_\_\_

Date Pump Installed: 5-25-2013      Capacity: ~~1000~~ 1000 Gallons Per Minute

Is This Pump (circle one):  New    Repaired    Replacement

**Power Type (circle one)**

Electric    Diesel    Gasoline    Natural Gas    Tractor PTO    Windmill    Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 30HP      Setting Depth: 70 feet      Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: Not tested      Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

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

Method of measurement (circle one): Steel tape    Electric tape    Air line    Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet      hours of pumping: \_\_\_\_\_

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_      Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: No Meter      Type of Meter: \_\_\_\_\_

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.

Hubbard Stephens 7411-P      5/30/13      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer