

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)

County: Yazoo
Permit #: MS-GW-49955J
Driller: Chad McPhox
Date drilling completed: 6/16/17

For Office Use Only:
Aquifer: _____
Well #: 6147
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Killebrew Cotton</u>	Latitude: <u>32° 52' 37"</u> Longitude: <u>90° 21' 26"</u>
Mailing Address: <u>P.O. Box 865</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Crownwood MS 39135</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> ^{NE} <u>SE</u> ^{SW} 1/4 Sec <u>19</u> Twn <u>14N</u> Rng <u>02W</u>
Telephone No. <u>(662) 458-4178</u>	Distance _____ Miles _____ Direction <u>W</u> of Nearest Town <u>Yazoo City</u>

Well / Borehole Data

Date drilling started: 6/16/17 Date drilling completed: 6/16/17 Hole depth: 105' Hole diameter: 26"

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

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 19 feet above or below (circle one) land surface Date measured: 6/17/17

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 65 feet to 105 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*

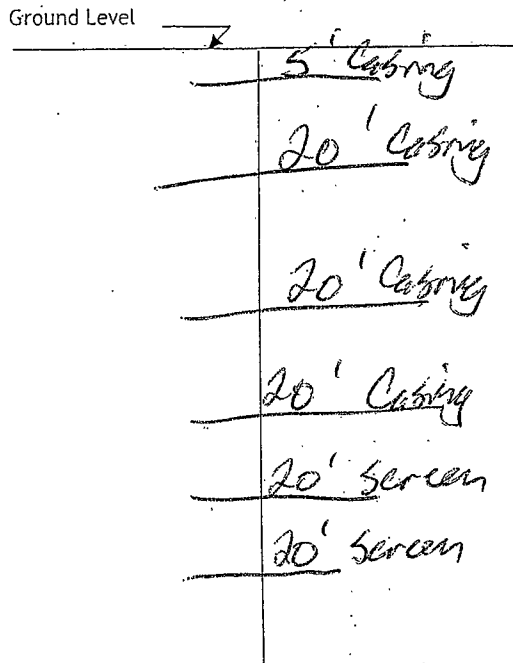
County: Yazoo
 Permit #: 49955

For Office Use Only:
 Well #: 6147

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Dirt/Clay	Ground level	15
Fine Sand	16	25
Fine Sand	26	35
Sand	36	45
Coarse Sand	46	55
Coarse Sand	56	65
Coarse Sand	66	75
Gravel	76	85
Gravel	86	95
Gravel	96	105
Gravel/Clay	106	115
Clay	116	120

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) north arrow

Landowner Name: _____

I HEREBY 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.

Chad H. Mottox WNR 8243 6/24/17 Chad H. Mottox
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: YAZOO
 Permit #: GW-49955 J
 Driller: Chad Mattox
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Well #: G147
 Aquifer: _____

RECEIVED
 AUG 23 2017
 BY OLWR

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>KILLEBREW COTTON CO</u>	Latitude: <u>32°52'29"</u> Longitude: <u>90°26'29"</u>
Mailing Address: <u>P.O. Box 865</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GREENWOOD</u> <u>MS</u> <u>38935</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>19</u> T <u>12N</u> R <u>02W</u>
Telephone No. <u>(662) 458-4178</u>	<u>2</u> Miles <u>NW</u> of <u>YAZOO CITY</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)*

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7-20-17 Rated Pump Capacity: 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: 60 Setting Depth: 60 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well 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: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

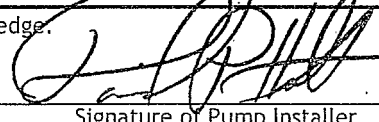
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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.

DAVID P. HOLT 0-752P 8-18-17 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

17-023P