

318

County: YAZOO  
 Permit #: MS-GW-17262  
 Driller: Joel Jumper  
 Date drilling completed: 2-16-17

**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: SPRT  
 Well #: H26  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Lucius Fouche</u>          Mailing Address: <u>150 David Drive</u>  <u>Madison Ms 39110</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>32° 52' 20"</u> Longitude: <u>90° 17' 59"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>(Hand-held GPS)</u>, Survey-grade GPS  <u>SW</u> <sup>NW</sup> <u>NE</u> <sup>SE</sup> <u>Sec 21</u> Twn <u>12N</u> Rng <u>01W</u>          Distance Direction Nearest Town  <u>4</u> Miles <u>East</u> of <u>Yazoo City</u></p>
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**Well / Borehole Data**

Date drilling started: 2-15-17 Date drilling completed: 2-16-17 Hole depth: 491 Hole diameter: 24in  
 Location of the source of any surface water used for drilling: Nearest Well  
 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: 185 feet above or below (circle one) land surface Date measured: 2-18-17  
 Method of Measurement (circle one) steel tape (electric tape) air line other: \_\_\_\_\_  
 Well depth: 491 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement (Bentonite) Mix  
 Casing length: 341 feet Casing diameter: 12 inches Type of casing: pvc  
 Screen length: 150 feet Screen diameter: 12 inches Type of screen: pvc  
 Screen slot size: 0.32 inches Setting depth: From 0 feet to 300 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)

County: Yazoo  
Permit #: MS-GW-17262  
Driller: Joel Jumper  
Date completed: 2-21-17  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: 1726  
Elevation: \_\_\_\_\_

*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>Lucius Fouche</u>	Latitude: <u>32-52-20</u> Longitude: <u>90-17-59</u>
Mailing Address: <u>150 David Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Madison</u> <u>Ms</u> <u>39110</u> City State Zip Code	<u>S60</u> <sup>NW</sup> <u>NE</u> <sup>SE</sup> <u>21</u> T <u>12N</u> R <u>01W</u> Distance Direction Nearest Town <u>4</u> Miles <u>East</u> of <u>Yazoo City</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <b>Turbine</b>	<b>Electric Motor</b> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u> H.P.
Date Pump Installed: <u>2-21-17</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <b>Electric Measuring Line</b> Steel Tape
Static Water Level (A): <u>185</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>225</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>225</u> Feet Below Land Surface	Well yielded <u>900</u> GPM with a drawdown of
Test Pumping Rate: <u>900</u> Gallons Per Minute	<u>225</u> feet after <u>11</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>11</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joel Jumper      5317  
Print Name of Pump Installer and License No. (if applicable)

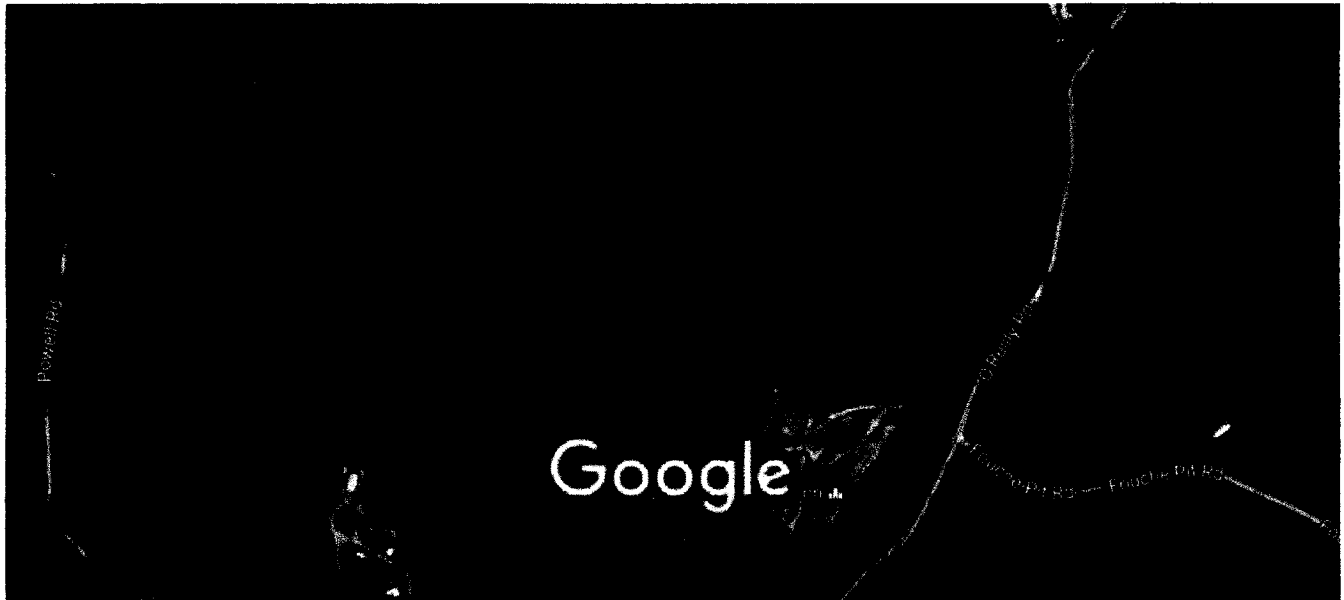
Joel Jumper  
Signature of Pump Installer

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1-26

Google Maps

32°52'20.0"N 90°  
17'59.0"W



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Service Agency, Map data ©2017 Google

500 ft

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