County:	Yazoo	
	GW-46601	\checkmark
1	Irrigation Eq	
	ing completed:	09/04/2013

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

For	Office Use Only:
Well #:	J148
Aquifer:	
E-Log #:	
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 com	pletion of drilling of the well or borehole.
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Jimmy Huff	Latitude: 32 49' 44.7 N Longitude: 90 42' 26.5 W
Mailing Address: P.O. Box 216	Method of Lat/Long (check one): Conventional Survey,
	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Holly Bluff Ms 39088	SE 1/4 NE 1/4, Sec 04 T 11 N R 5 W
City State Zip code	E North (Hally Dluff
Telephone No	.5 Miles North of Holly Bluff (Distance) (Direction) (Nearest Town)
Well / Ro	rehole Data
Date drilling started: 09/04/2013 Date drilling completed:	09/04/2013 Hole depth: 125 Hole diameter: 24"
Location of the source of any surface water used for drilling:	urface Water
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gam	ma Ray 🗌 Density 🔲 Sonic 🔲 Neutron 🔲 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotech	nnical/Geological Investigation
•	Other (describe)
ij arilling is not related to water well con	struction, skip the remainder of this block
Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐ F	Public Supply ☑ Irrigation ☐ Fish Culture
☐ Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 26' feet [□ above or ☑ belo (check one)	w] land surface Date measured: 09/05/2013
Method of Measurement (check one) ☑ Steel tape ☐ Electric tap	pe ☐ Air line ☐ Other: (describe)
Well depth: 125 Well grouted to a depth of: 10 fee	t Type of grout (check one): ☐ Neat Cement ☑ Bentonite ☐ Mix
Casing length: 85 feet Casing diameter: 16	inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16	inches Type of screen: PVC
Screen slot size:050 inches Setting depth:	From 86 feet to 125 feet
Type of completion (check all applicable): 🖾 Gravel packed 🗌 U	nderreamed Open hole Natural Development
☐ Other (describe):	00 3 - 2010
Top of lap pipe or reduction in casing: Feet	8Y: OLWA
	ne screen, describe on next page

Form: OLWR-SWR-1A (4/13)

	•			
		For	Office Use (Only:
County: Yazoo		Well#:	J148	
Permit #: GW-46601				
	·			
The sketch below only required for water wells If well telescopes, show depths on sketch.	Description of formations encou and boreholes, unless specifical			l wells
ij weu tetescopes, snow depins on skeich.	Description of Formations End	countered	From (depth)	To (depth)
Ground level	Clay	Journelea	Ground level	44
	Fine Sand & Gravel		45	54
	Medium Sand & Grave	el .	55	125
			:	
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 3) any roads, power lines, or other items that may aid 4) a north arrow	aid in locating the well in locating the property and the	well		
			RECEI	VED
			00714	2015
			BY: OL	WA
Landowner Name: Jimmy Huff				
I HEREBY CERTIFY that the well/borehole was drilled, con requirements of the Mississippi Department of Environment	structed, and completed in accordance tal Quality and the Mississippi D	ordance with	Form: OLWR-S all applicable Health regulation	
if applicable, and state laws. Patrick Chism 0695	10/08/2013			
Print Name of Responsible Licensee and License No.	Date Date	Signature	of Licensee	

Signature of Licensee Form: OLWR-SWR-1A (4/13)

County:	Yazoo	
Permit #:	GW-46601	
Driller:	Irrigation Eq	uipment
Data drilli	ing completed:	09/04/2013

Copy information from block on Part 1

STATE WELL REPORT

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)

For	Office Use Only:
Well #:	J148
Aquifer:	

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** Latitude: 32 49' 44.7 N Owner Name: Jimmy Huff Longitude: 90 42' 26.5 W

Mailing Address: P.O. Box 216 ☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS 39088 **Holly Bluff** Ms SE 1/4 NE 1/4, Sec 04 T 11 N R 5 W State City Zip code North **Holly Bluff** Telephone No. (Nearest Town) (Distance) (Direction) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Rated Pump Capacity: 2500+/-Date Pump Installed 09/05/2013 Gallons Per Minute Is This Pump (check one):

New □ Repaired □ Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: 60 Setting Depth: 70 ___ feet Number of Stages: 1 **Pump Test Data for Non Flowing Well** Duration of Pump Test (minimum 4 hours): 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 Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): _ **Pump Test Data for Flowing Well** Measured shut in head: Feet Well vielded GPM with a drawdown of feet after hours of pumping Meter Installation Meter Manufacturer: None Installed Meter Serial Number: Meter Model Number/Name: Type of Meter: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by:

Is This Meter (check 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.

Patrick Chism 0695 10/08/2013 Print Name of Pump Installer and License No. (if applicable) Date

Signature of Pump tistaller Form: OLWR-SWR-1B (4/13)

