

Brett Robinson

State Well Report

Part 1

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 #: K-102
L. S. Elevation: _____
E-log #: _____

County: YAZOO
Permit #: _____
Driller: J. NEWCOME
Date drilling completed: 5-15-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>BRETT ROBINSON</u>	Latitude: <u>32° 48' 33"</u> Longitude: <u>90° 29' 55"</u>
Mailing Address: <u>370 OAK VALLEY RD.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>46 45 31 48</u>
<u>YAZOO CITY, MS. 39194</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	SW 1/4 SE 1/4 Sec <u>20</u> Twn <u>11N</u> Rng <u>3W</u>
Telephone No: <u>662-571-8737</u>	Distance <u>7</u> Miles Direction <u>SW</u> of Nearest Town <u>YAZOO CITY</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5-15-07 Date well drilling completed: 5-15-07

If flowing, 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: _____

Hole depth: 93 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70 feet to 90 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

JOHN NEWCOME 0-773 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
JUL 10 2007
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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:
Aquifer: _____
Well #: K-102
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		Well Location	
Owner Name: <u>BRETT ROBINSON</u>		Latitude: <u>32-48-33</u>	Longitude: <u>090-29-55</u>
Mailing Address: <u>370 OAK VALLEY RD.</u>		Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Yazoo City, Ms. 39194</u>		USGS quad, <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>20</u> Twp <u>11N</u> Rng <u>3W</u>	
City State Zip Code		Distance	Direction
Telephone No: <u>662-571-8737</u>		<u>7</u> Miles	<u>SW</u> of <u>YAZOO CITY</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>15</u>		
Date Pump Installed: <u>5-16-07</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>900</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>0</u> <u>15.87</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

OLEN POWE #710 P _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
JUL 10 2007
BY: OLWR