

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: P 89
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: YAZOO
Permit #: GW-46820
Driller: J. NEWCOME 0.773
Date drilling completed: 5.15.2013

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>SALEM LLC</u>	Latitude: <u>32° 43' 14"</u> Longitude: <u>90° 34' 29"</u>
Mailing Address: <u>1010 EAGLE BEND ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>YAZOO</u> CITY <u>MS</u> <u>39194</u> City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>14</u> Twn <u>10N</u> Rng <u>04W</u>
Telephone No. () _____	Distance <u>4</u> Miles Direction <u>N.W.</u> of Nearest Town <u>SARITA</u>

Well / Borehole Data

Date drilling started: 5.15.13 Date drilling completed: 5.15.13 Hole depth: 97' Hole diameter: 24"

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

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

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

Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 25 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70 feet to 95 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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JUN 13 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 39225-2309
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: P89
 Aquifer: _____

County: Yazoo
 Permit #: GW-46820
 Driller: J. Newcome 0-773
 Date completed: 5-15-2013
Copy information from block on Part 1.

This part of the report must be completed by a licensed pump installer. A copy of Part 1 of the report must be attached and filed with this report. The license holder must be notified by address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Salem LLC</u>	Latitude: <u>32.43.14</u> Longitude: <u>90.34.29</u>
Mailing Address: <u>1010 Eagle Bend 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> MS <u>39194</u>	<u>NW 1/4 NE 1/4, Sec 14 T 10N R 04W</u>
City State Zip Code	<u>4</u> Miles <u>N.W.</u> of <u>Sutarkia</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5/20/13 Rated Pump Capacity: 1200 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor _____

Horse Power Rating of Motor: 60 HP Setting Depth: 70 feet Number of Stages: 2

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: _____ feet Not tested

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

Meter Installation

Meter Manufacturer: No Meter Meter Serial Number: _____

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

Totalizer Register Unit and Multiplier: _____ or (AF) .001 Gal x 001 _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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BY: OLWR

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 741-P 6/3/13 Hubbard Stephens

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