

**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: \_\_\_\_\_  
Well #: U128  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: YAZOO  
Permit #: GW-45831  
Driller: J. NEWCOME 0773  
Date drilling completed: 3-7-2013

*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>FRANK AND PEGGY HARRIS</u>	Latitude: <u>32° 38' 12"</u> Longitude: <u>90° 34' 50"</u>
Mailing Address: <u>11041 HIGHWAY 3</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>SATARTIA</u> <u>MS</u> <u>39162</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>11</u> <input checked="" type="checkbox"/> Twn <u>09N</u> <input checked="" type="checkbox"/> Rng <u>04W</u>
Telephone No. ( ) _____	Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>SATARTIA</u>

**Well / Borehole Data**

Date drilling started: 3-7-13 Date drilling completed: 3-7-13 Hole depth: 117 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 TABLETS

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

Casing length: 75 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 75 feet to 115 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*

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Form: OLWR-SWR-1A (04/08)

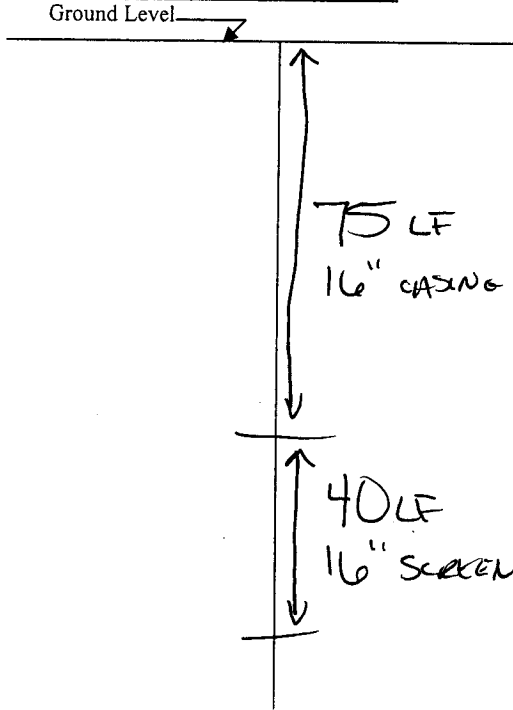
MAR 25 2013

BY: OLWR

U128

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	10
CLAY	10	30
CLAY/FINE SAND STRIPS	30	40
FINE SAND	40	72
COARSE SAND/PEBBLE STRIPS	72	113
BOTTOM	113	117

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) a north arrow.

SEE MAP

Landowner Name: \_\_\_\_\_

Form: OLWR-SWR-1A (04/08)

I 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.

JOHN NEWCOME 0.773  
 Print Name of Responsible Licensee and License No.

3.7.13  
 Date

[Signature]  
 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Yazoo  
 Permit #: GW-45831  
 Driller: S. Newcom-0773  
 Date completed: 3-7-2013

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: W128  
 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>Frank and Peggy Harris</u>	Latitude: <u>32.38.12</u> Longitude: <u>90.34.50</u>
Mailing Address: <u>11091 Highway 3</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Satartia MS 39162</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 11 Twn 09N Rng 04W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4 Miles SW of Satartia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Wp _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60HP</u>
Date Pump Installed: <u>3-15-2013</u>	Seating Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>2</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): <u>Not tested</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>Not tested</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.

Hubbard Stephens 241-P      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 MAR 25 2013  
 BY: OLWR