

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 #: J 151
Aquifer: _____
E-Log #: _____

County: _____
Permit #: _____
Driller: _____
Date drilling completed: _____

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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: _____	Latitude: <u>36</u> Longitude: <u>90</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
_____	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
Telephone No. <u>(601) 506-5531</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: _____ Date drilling completed: _____ Hole depth: _____ Hole diameter: _____
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> 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

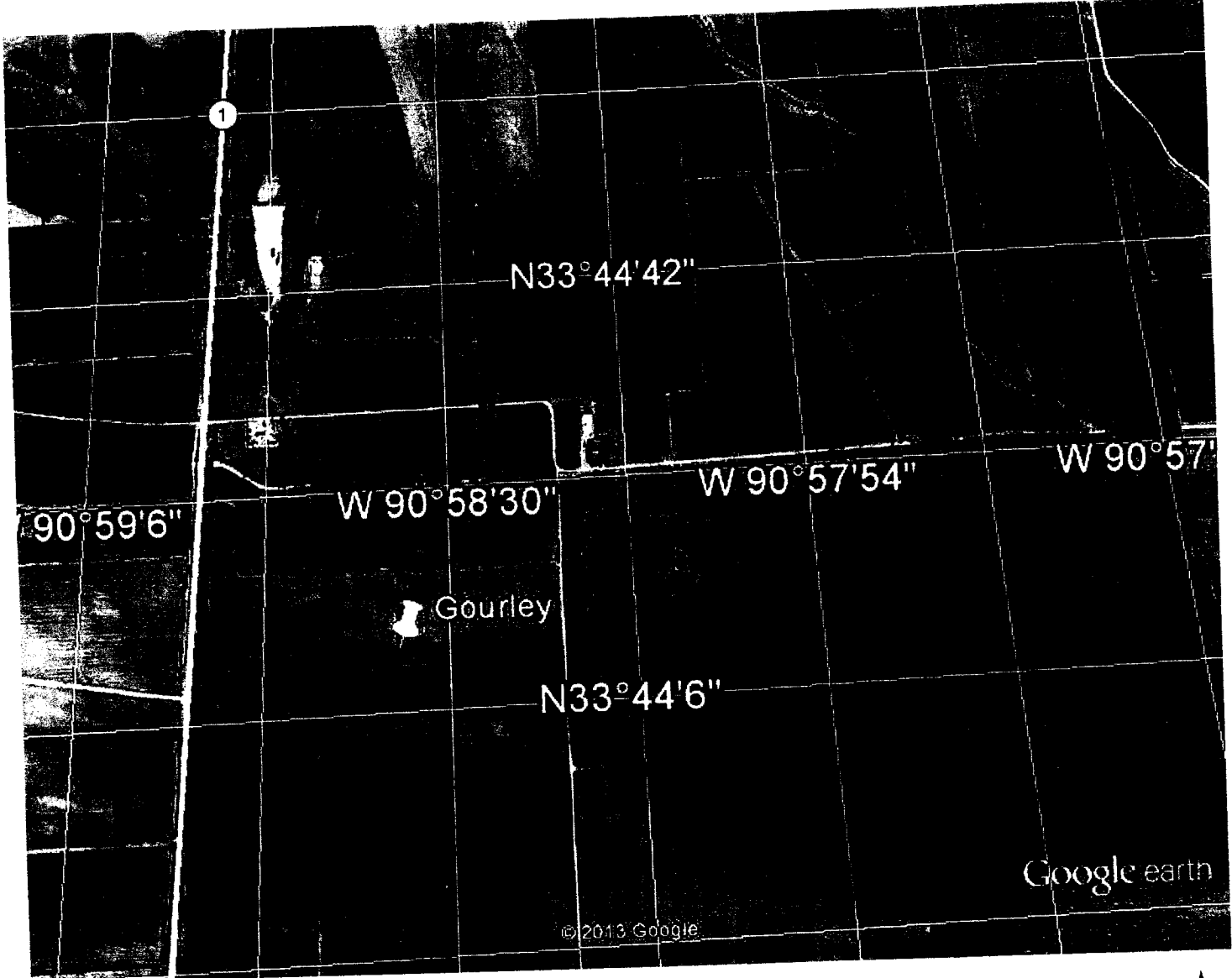
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ (circle one)
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____
Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: _____ feet Casing diameter: _____ inches Type of casing: <u>PVC</u>
Screen length: _____ feet Screen diameter: _____ inches Type of screen: <u>PVC</u>
Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed 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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Google earth



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BY: OLWR

County: _____

Permit #: _____

Driller: _____

Date completed: 4-23-13

Copy information from block on Part 1

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 #: J151

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		
Owner Name: <u>Gurley Joint Venture</u>			Latitude: <u>33-44-36</u> Longitude: <u>91-58-04</u>		
Mailing Address: <u>2347 Southwood Rd.</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Jackson</u>	<u>MS</u>	<u>39211</u>	<u>SW 1/4 NW 1/4, Sec 19 T22N R07W</u>		
City	State	Zip Code	<u>4</u> Miles <u>S</u> of <u>Burleigh</u>		
Telephone No. <u>(601) 506-5531</u>			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)

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

Date Pump Installed: 4-23-13 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 Setting Depth: 70' feet Number of Stages: 1-14"

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 35' 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.

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

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

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

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle 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.

Tommy Peacock Sr #3409 5-7-13 Tommy Peacock Sr

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

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