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State Well Report Part 1 - Driller's Log

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 #:	N /40	
L. S. Elevat	ion:	
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 completion of drilling of the well or borehole.

Department at the above address within 30 days of comp	letion of drilling of the well or borehole.			
Information on Well Owner	Well or Borchole Location			
(Landowner if borehole is not for a water well)				
Owner Name DeHa Pine Land Mant LC	Latitude: 33.37 638 " Longitude: 91.05.240"			
Mailing Address: P.O. BOX 5669	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address:	USGS quad. Hand-bold GPS. Survey-grade GPS			
Greenville MS 38704	NE 12 NE 12 See 25 Twn JIN Rng 09 W			
City State Zip Code	Distance Direction Nearest Town			
Telephone No. ()	Miles of			
Well / Borg				
Date drilling started: 4310 Date drilling completed: 6310 Hole depth: 100 Hole diameter: 20"				
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and devel	lopment HTH			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Somic Neutron Other:				
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump				
Seismic Survey Other (describe	e)			
If drilling is not related to water well construction	on, skip the remainder of this block			
The date is not reason to the second				
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:				
Method of Measurement (circle one) steel tape electric tape air line other.				
Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Meat Cement Bentonite (Dix)				
Casing length: 100 feet Casing diameter: 10" inches Type of casing: PVC Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC				
Screen slot size: Setting depth: From	100 feet to 100 feet			
Type of completion (circle all applicable): Gravel packed Under	erreamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If i	telescoped or more than one screen, describe on next page			

Form: OLWR-SWR-1A

Description of formations encountered must be provided for all

well telescopes, show de					
Ground Level		Description of Format	ions Encountered		o (depth
			· · · · · · · · · · · · · · · · · · ·	Ground Level	<u> </u>
		160	soil	0	10
		Sandy	clay	10	-30
	-	med.	Sand	30	40
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Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state

Date

The sketch below only required for water wells

laws.

STATE WELL REPORT

County: BDIVAC Permit #: GW-44248 Driller: MY185M, NICHOS Date completed: Le 4160

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

For Office Use Only:		
Aquifor:		
Well #:	N140	
Elevation:		

(601)354-6938 (fax) Copy information from block on Part 1 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 Latitude: 33° 37 638 Longitude: 91° 05.790 W Method of Lat/Long (check one): Conventional Survey Mailing Address:__ USGS quad , Hand-held GPS , Survey-grade GPS Nearest Town Direction Distance Miles ____ of ____ Telephone No. (_ Power Type Ритр Туре Circle one Circle one Natural Gas Gasoline Engine Diesel Engine Submersible Jet Air Lift Tractor PTO Hand Electric Motor Turbine Piston Bucket Other (specify): _ Windmill Flowing Well Rotary Centrifugal Horse Power Rating of Motor: _ Other (specify): _ feet Setting Depth: ___ Date Pump Installed: Number of Stages: _ Gallons Per Minute Rated Pump Capacity: Method of Measuring Water Level Pump Test Data Circle one Date Well Tested: ___ Electric Measuring Line Air Line Feet Below Land Surface Static Water Level (A): Other (specify): _ Pumping Water Level (B): _____Feet Below Land Surface For flowing well, measured shut in head: Drawdown [(B) - (A)]: ______Feet Below Land Surface ____GPM with a drawdown of Well yielded ____ Test Pumping Rate: Gallons Per Minute hours of pumping feet after Duration of Pump Test (minimum 4 hours):

and the heat of	of my knowledge
I HEREBY CERTIFY that the above statements are true to the best of	Charles M. The hole
Charles M. A. chals o Other	Charles M. Hushou
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-18