

#12

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)

County: COAHOMA
 Permit #: 600-40189
 Driller: Houston
 Date drilling completed: 5/9

For Office Use Only:
 Aquifer: _____
 Well #: M-99
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>HARRY FLOWERS</u>	Latitude: <u>34° 04' 44" N</u> Longitude: <u>90° 31' 07" W</u>
Mailing Address: <u>MATSON MS</u> <u>3828 Old Hwy 49</u> <u>Box 159 DUBLIN MS 38739</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. (<u>662</u>) <u>624 5412</u>	<u>NW 1/4 SW 1/4</u> Sec <u>28</u> Twn <u>26N</u> Rng <u>3W</u>
	Distance _____ Direction <u>NW</u> Nearest Town <u>DUBLIN</u>
	Miles _____ of _____

Well / Borehole Data

Date drilling started: 5/9 Date drilling completed: 5/9 Hole depth: 126 Hole diameter: 24

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

Method of dosing and volume of Chlorine used in drilling and development: 1LB PER 1000

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: 26 feet above or below (circle one) land surface Date measured: 5/10

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 126 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: _____ inches Setting depth: From 86 feet to 126 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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#2

STATE WELL REPORT

County: COAHOMA
 Permit #: _____
 Driller: HOUSTON
 Date completed: 5/10
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: M-99
 Elevation: _____

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
 Owner Name: HARRY FLOWERS
 Mailing Address: MATSON MS
3826040 Hwy 49

 City State Zip Code
 Telephone No. (62) 624 5412

Well Location
 Latitude: 34° 04' 26" N Longitude: 090° 31' 12" W
 Method of Lat/Long (check one): Conventional Survey 45
 USGS quad _____, Hand-held GPS Survey-grade GPS _____
NW 1/4 SW 1/4 Sec 33 T 26 N R 3 W
 Distance Direction Nearest Town
 _____ Miles _____ of _____

Pump Type
 Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<u>Turbine</u>
Centrifugal	Rotary	Flowing Well

Other (specify): _____
 Date Pump Installed: 5/10
 Rated Pump Capacity: 2200 Gallons Per Minute

Power Type
 Circle one

<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

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

Pump Test Data

Date Well Tested: _____
 Static Water Level (A): 26 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
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one

Air Line	Electric Measuring Line	<u>Steel Tape</u>
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Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

PAUL POWEN 0485 **RECEIVED** Paul Powee **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

SEP 12 2005 BY: OLWR
 JUL 28 2005 BY: OLWR

BY: OLWR