

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)

450

County: Copiah
Permit #:
Driller: James M. Wells
Date drilling completed: 1-7-20

For Office Use Only:
Well #: J 98
Aquifer:
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.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: Glenn Kornibrek
Mailing Address: 1171 Welch Ln. Hazlehurst MS 39083
Well or Borehole Location
Latitude: 31°53.30N Longitude: 90°24.50W
Method of Lat/Long (check one): Conventional Survey
USGS quad SW 1/4 SW 1/4, Sec 28 T 1N R 2W

Well / Borehole Data
Date drilling started: 1-7-20 Date drilling completed: 1-7-20 Hole depth: 170 Hole diameter: 7 1/2"
Location of the source of any surface water used for drilling: running creek
Method of dosing and volume of Chlorine used in drilling and development: granule chlorine
Logs run (circle all applicable): No log run
Purpose of borehole (circle one): Water Well
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (circle all applicable): Home
Static Water Level: 140 feet [above or below] land surface Date measured: 1-7-20
Method of measurement (circle one): Steel tape
Well depth: 170 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement
Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 150 feet to 170 feet
Type of completion (circle all applicable): Gravel packed
Top of lap pipe or reduction in casing: feet

RECEIVED
APR 28 2020
BY OLWR

If telescoped or more than one screen, describe on next page

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)

County: Copiah
 Permit #: _____
 Driller: James M. Wells
 Date completed: 1-7-20
Copy information from block on Part 1

For Office Use Only:

Well #: J 98
 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>Glenn Kornbrek</u>	Latitude: <u>31° 53.30' N</u> Longitude: <u>90° 24.56' W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, _____
<u>1171 Welch Ln.</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Hazlehurst MS 39083</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec. <u>28</u> T. <u>1N</u> R. <u>2W</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
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: 1-7-20 Rated Pump Capacity: 12 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: 1 Setting Depth: 165 feet Number of Stages: 14

Pump Test Data for Non Flowing Well

Date Well Tested: 1-7-20 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 140 Feet Below Land Surface Pumping Water Level (B): 165 Feet Below Land Surface

Drawdown [(B) - (A)]: 152 Feet Below Land Surface Test Pumping Rate: 17 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.

James M. Wells 00005889 4-17-20 James M. Wells
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer