

STATE WELL REPORT

396

County: Covington
 Permit #: _____
 Driller: David West
 Date drilling completed: 5-12-2020

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: C 72
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Ronnie Schaefer</u>	Latitude: <u>31.7126</u> Longitude: <u>-89.5399</u>
Mailing Address: <u>3431 Gentry Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>New Orleans</u> <u>LA</u> <u>70122</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4, Sec <u>30</u> T <u>9N</u> R <u>15W</u>
Telephone No. <u>504 283-8881</u>	<u>4</u> Miles <u>NNE</u> of <u>Collins</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-12-2020 Date drilling completed: 5-12-2020 Hole depth: 73' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Well Water

Method of dosing and volume of Chlorine used in drilling and development: Tab's 50ppm

Logs run (check all applicable): 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 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: 42 feet above or below land surface Date measured: 5-12-2020
 (check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): Sonar

Well depth: 73' Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 63 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Pvc

Screen slot size: .010 inches Setting depth: From 63 feet to 73 feet

Type of completion (check all applicable) gravel packed 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



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: Covington
Permit #:
Driller: David West
Date completed: 5-12-2020
Copy information from block on Part 1

For Office Use Only:
Well #: C 72
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: Owner Name: Ronnie Schaefer, Mailing Address: 3431 Gentilly Blvd, New Orleans LA 70122, Telephone No. (504) 234-0757
Well Location: Latitude: 31.9126, Longitude: -89.5399, Method of Lat/Long: Hand-held GPS, USGS quad: SE 1/4, Sec 30 T 9N R 15W, 4 Miles NNE of Collins

Pump Type (check one): Submersible [X] Turbine, Date Pump Installed: 5-12-2020, Rated Pump Capacity: 7 Gallons Per Minute, Is This Pump (check one): [X] New

Power Type (check one): Electric [X] Diesel, Horse Power Rating of Motor: 1/2 H.P., Setting Depth: 60 feet, Number of Stages:

Pump Test Data for Non Flowing Well: Date Well Tested: , Duration of Pump Test (minimum 4 hours): , Static Water Level (A): , 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 (check one): Steel tape [X] 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 (check 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.
David West 0672 5-12-2020 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer