



STATE REPORT

Part 1

STATE OF MISSISSIPPI

Mississippi Department of Environmental Quality
Office of Land and Water Resources

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Jackson, MS 39225-2309

GARY C. RICHARDS EXECUTIVE DIRECTOR

(601)961-5555

(601)961-5228 (fax)

County: Covington

Permit #: _____

Driller: David West

Date drilling completed: 9-28-2017

For Office Use Only:

Well #: E59

QUALITY _____

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)	Well or Borehole Location
Owner Name: <u>Brian Laca</u>	Latitude: <u>31°40'53.2"</u> Longitude: <u>91°43'26.8"</u>
Mailing Address: <u>280 Windmill Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mt. Olive</u> <u>MS</u> <u>39119</u>	USGS quad <u>X</u> , Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW NE</u> Sec <u>8</u> T <u>8N</u> R <u>17W</u>
Telephone No. <u>(601) 519-1805</u>	<u>4</u> Miles <u>SW</u> of <u>Mt. Olive</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9-28-17 Date drilling completed: 9-28-17 Hole depth: 163' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Pond on Pittman Rd.

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

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): Poultry

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 55 feet above or below land surface Date measured: 9-28-2017
(check one)

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

Well depth: 163' Well grouted to a depth of: 50 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 143 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 143 feet to 163 feet

Type of completion (check all applicable) ravel 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

Form: OLWR-SWR-1A (4/13)

OFFICE OF LAND AND WATER RESOURCES

POST OFFICE BOX 2309 • JACKSON, MISSISSIPPI 39225-2309 • TEL: (601) 961-5200 • FAX: (601) 961-5228 • www.deq.state.ms.us

AN EQUAL OPPORTUNITY EMPLOYER



County: Covington
Permit #: _____

For Office Use Only:
Well #: ES9

STATE OF MISSISSIPPI

PHIL BRYANT
GOVERNOR

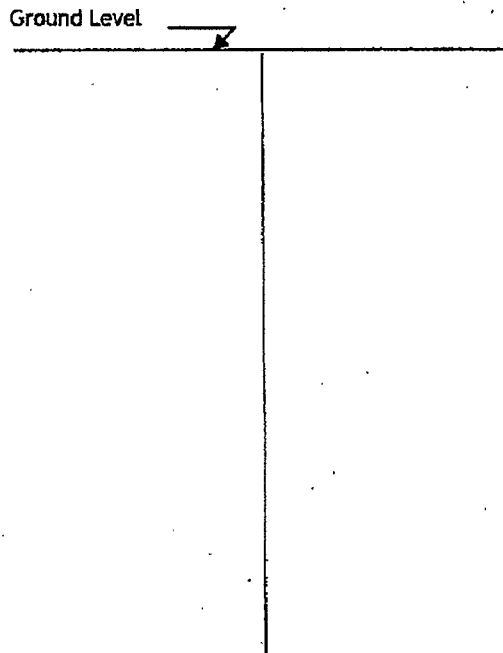
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

GARY C. RIKARD, EXECUTIVE DIRECTOR



Description of Formations Encountered	From (depth) Ground level	To (depth)
Sandy clay		13
Sand	13	62
Sand & Gravel	62	98
Dirty Gravel	98	119
Sandstone	119	120
Dirty Sand	120	138
Sand	138	163

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow

Landowner Name: Brian Pack

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Daniel West 0-672 10-2-2017 [Signature]
Print Name of Responsible Licensee and License No. Date Signature of Licensee



STATE WELL REPORT

County: Covington
 Permit #: _____
 Driller: David West
 Date completed: 9-28-2017
 Copy information from block on Part 1

Part 2
STATE OF MISSISSIPPI
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 JACKSON, MISSISSIPPI 39225-2309
 GARY C. JACKSON, MISSISSIPPI GOVERNOR
 (601) 961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: ES9
 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>Brian Paek</u>	Latitude: <u>31°40'53.22"</u> Longitude: <u>90°43'26.8"</u>
Mailing Address: <u>280 Windmill Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad <u>X</u> , Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>mt olive</u> MS, <u>39119</u> City State Zip Code	<u>NE 1/4 NW NE</u> Sec <u>8</u> T <u>8N</u> R <u>19W</u>
Telephone No. <u>(601) 517-1805</u>	<u>4</u> Miles <u>SW</u> of <u>mt olive</u> (Distance) (Direction) (Nearest Town)

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 9-28-2017 Rated Pump Capacity: 60 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 5HP Setting Depth: 126 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ 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 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 10-2-2017
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)