

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)

For Office Use Only:

Well #: M 101
Aquifer: _____
E-Log #: _____

County: Covington
Permit #: _____
Driller: James M. Wells
Date drilling completed: 9-22-15

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: <u>Jeffrey Walls</u> Mailing Address: _____ <u>58 Pinedale Dr.</u> <u>Collins</u> <u>MS</u> <u>39428</u> City State Zip Code Telephone No. <u>(601) 283-0189</u>		Well or Borehole Location <u>893246</u> Latitude: <u>31°30'38.8"</u> Longitude: <u>089°32'7.8"</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>7</u> T <u>6N</u> R <u>15W</u> <u>7</u> Miles <u>N</u> of <u>Sumrall</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data

Date drilling started: 9-22-15 Date drilling completed: 9-22-15 Hole depth: 180 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 Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle 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 (circle 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: 100 feet [above or below] land surface Date measured: 9-22-15
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 180 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 160 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 160 feet to 180 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural completion
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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PV OLWR
Form: OLWR-SWR-1A (4/13)

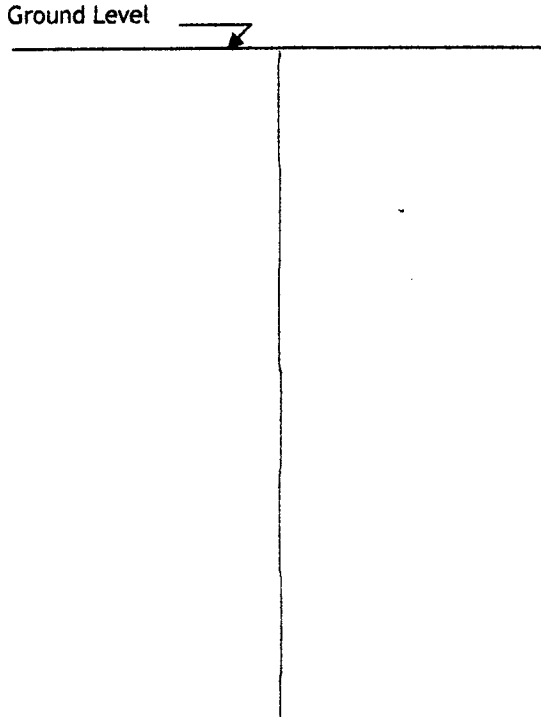
County: Covington
 Permit #: _____

For Office Use Only:
 Well #: M101

The sketch below only required for water wells

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

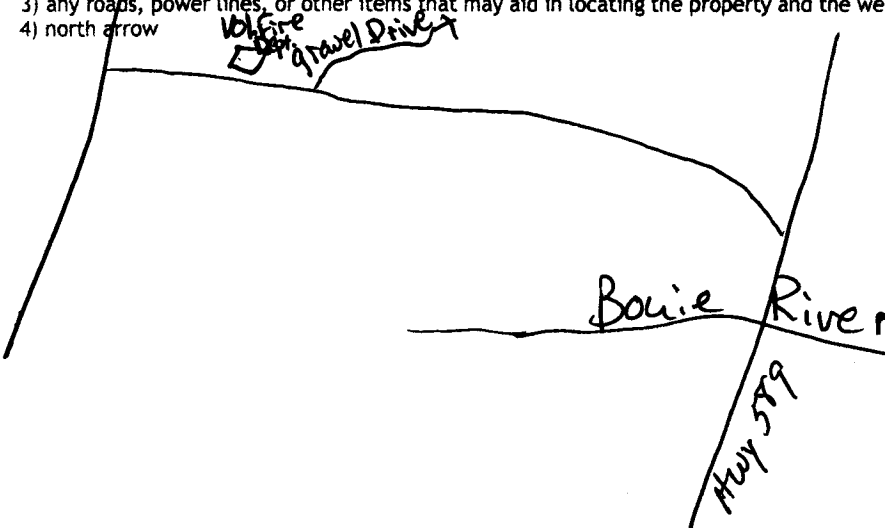
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
clay	1	130
sand	130	180

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



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BY: OLWR

Landowner Name: Jeffrey Walls

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.

James M. Wells 00005889 10-29-15 James M. Wells
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

County: Covington
Permit #:
Driller: James M. Wells
Date completed: 9-22-15
Copy information from block on Part 1

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)

For Office Use Only:
Well #: M101
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: Jeffrey Walls
Mailing Address: 58 Pinedale Dr. Collins MS 39428
Telephone No. (601) 283-0189
Well Location: Latitude: 31° 30.388 Longitude: 089° 32.778
Method of Lat/Long: Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
7 1/4 1/4, Sec 7 T 6N R 15W
7 Miles N of Sumrall

Pump Type (circle one): Submersible
Date Pump Installed: 9-22-15
Rated Pump Capacity: 12 Gallons Per Minute
Is This Pump (circle one): New

Power Type (circle one): Electric
Horse Power Rating of Motor: 1
Setting Depth: 150 feet
Number of Stages: 14

Pump Test Data for Non Flowing Well
Date Well Tested: 9-22-15
Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 100 Feet Below Land Surface
Pumping Water Level (B): 150 Feet Below Land Surface
Drawdown [(B) - (A)]: 109.50 Feet Below Land Surface
Test Pumping Rate: 17 Gallons Per Minute
Method of measurement (circle one): Steel tape

Pump Test Data for Flowing Well
Measured shut in head:
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
Important: By submitting the above information you are certifying that this meter was installed to manufacturer specifications. 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 10-29-15 James M. Wells
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer