

# 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  
(601)961-5210  
(601)961-5228 (fax)

County: FOREST  
 Permit #: \_\_\_\_\_  
 Driller: Al Harrington  
 Date drilling completed: 8/11/14

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H63  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>RON Puttkhoff</u>	Latitude: <u>31° 8' 46"</u> Longitude: <u>-89° 19' 33"</u>
Mailing Address: <u>715 Beaver Lake Rd</u> <u>Hallisburg, MS</u> <u>39404</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 8 / Twn 2 N Rng 13 W</u>
Telephone No. ( ) _____	Distance: <u>5.5</u> Miles Direction: <u>E</u> of Nearest Town: <u>Purvis MS</u>

**Well / Borehole Data**

Date drilling started: ~~8/11/14~~ 8/11/14 Date drilling completed: 8/11 Hole depth: 440' Hole diameter: 5"

Location of the source of any surface water used for drilling: NO. NE) community water system

Method of dosing and volume of Chlorine used in drilling and development: 2 gal / 1000 gal H<sub>2</sub>O

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: 125' feet above or below (circle one) land surface Date measured: 8/11

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

Well depth: 440' Well grouted to a depth of 10' feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 240' - 3" 190' 2" feet Casing diameter: 3" x 2" inches Type of casing: PVC

Screen length: 10' feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 1008 inches Setting depth: From ~~390'~~ 430' feet to 440' 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: 3" x 2" 3" 240' x 200' 2" 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: FOREST  
 Permit #: \_\_\_\_\_  
 Driller: AL HARRINGTON  
 Date completed: 8/11/14  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H63  
 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	Well Location
Owner Name: <u>Ron Puttapp</u>	Latitude: <u>31° 08' 46" N</u> Longitude: <u>89° 19' 33.3" W</u>
Mailing Address: <u>715 Beaver Lake Rd</u> <u>Hattiesburg MS</u> <u>39401</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> , Hand-held GPS _____, Survey-grade GPS _____ <u>NE 1/4 SW 1/4 Sec 8 T 2N R 13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>5.5 Miles E of Purvis MS</u>
Telephone No. (____) _____	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <input checked="" type="radio"/> Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<input checked="" type="radio"/> Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5 HP</u>
Date Pump Installed: <u>8/11/14</u>	Setting Depth: <u>165'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>1.5 HP 206PM 3"</u> <u>6 Mundford rule</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/11/14</u>	Air Line _____ Electric Measuring Line _____ <input checked="" type="radio"/> Steel Tape _____
Static Water Level (A): <u>125</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>716.5'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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

AL HARRINGTON 0-564 Al Harrington  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer