

State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Franklin
 Permit #: _____
 Driller: LARRY Easley
 Date drilling completed: 8-27-12

For Office Use Only:
 Aquifer: _____
 Well #: J71
 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 <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Felix Dominigue</u> Mailing Address: <u>146 Sullivan Rd</u> <u>Mendville MS</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>31.31.15</u> Longitude: <u>90.50.22</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE x NE x Sec 6 Twn 6N Rng 4E</u> Distance Direction Nearest Town <u>3</u> Miles <u>E</u> of <u>Mendville</u>
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Well / Borehole Data

Date drilling started: 8-26 Date drilling completed: 8-27 Hole depth: 300 Hole diameter: 7 7/8"

Location of the source of any surface water used for drilling: Well
 Method of dosing and volume of Chlorine used in drilling and development: 19 gallon per 3000

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: 120 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 260 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 260 feet to 280 feet

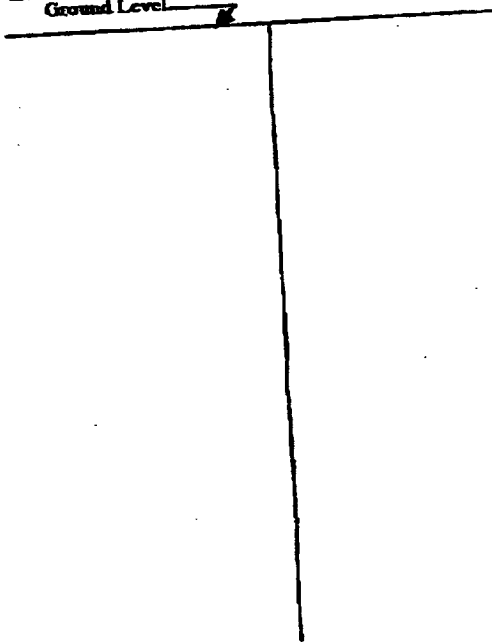
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

J71

The sketch below only required for water wells.

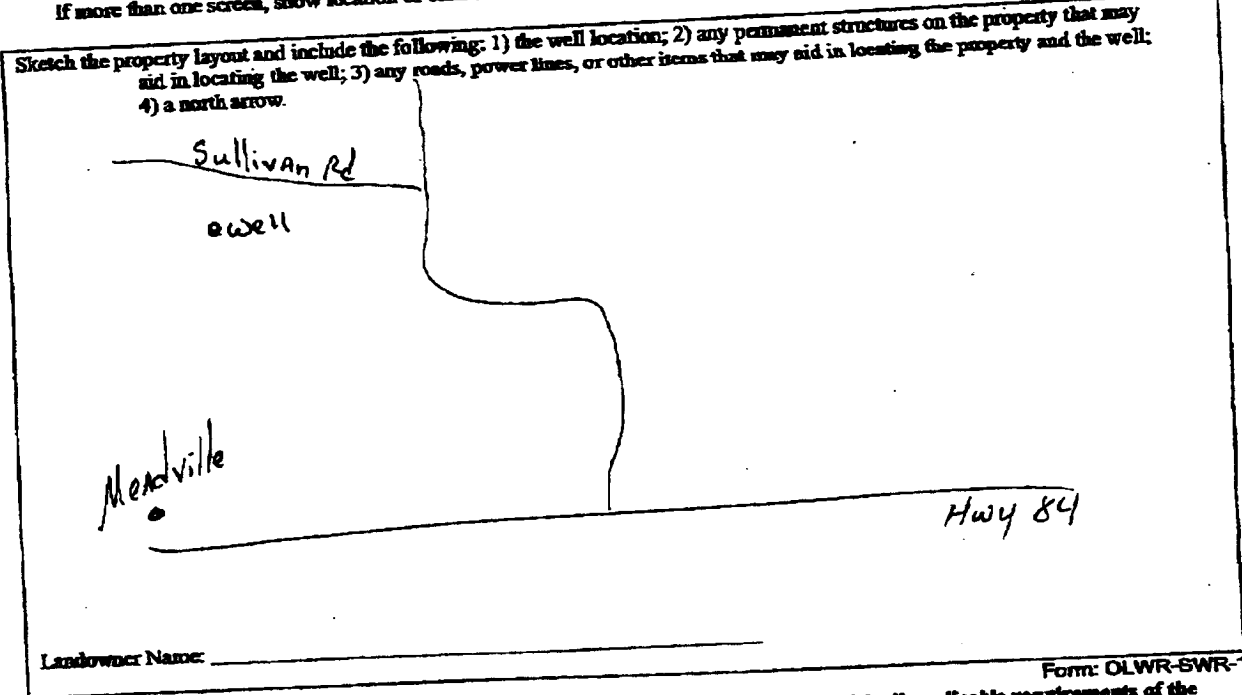
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
GRAVEL	50	180
CLAY	180	185
SAND	185	260
CLAY	260	280
SAND	280	300
CLAY		

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



Landowner Name: _____

Form: OLWR-SWR-1A

I 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.

LARRY FASLEY 510
Print Name of Responsible Licensee and License No.

8-30-12
Date

Larry Fasley
Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: J71
 Elevation: _____

County: Franklin
 Permit #: _____
 Driller: LARRY EASLEY
 Date completed: 8-28-12
 Copy information from block on Part 1

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>Felix Dominique</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>146 Sullivan Rd</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Meadville MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>6 T6 N R 4E</u>		
Telephone No. () _____	Distance: <u>5</u> Miles	Direction: <u>E</u>	Nearest Town: <u>Meadville</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>8-28-12</u>			Setting Depth: <u>150</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: <u>12</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>8-28-12</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>125</u> Feet Below Land Surface	For flowing well, measured slant in head: _____ feet		
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of		
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>4</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
LARRY EASLEY 510
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer _____
 Form: OLWR-SWR-1B