

# 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 #: C183  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: George  
Permit #: MSGW-17071  
Driller: Lynan Well  
Date drilling completed: 12-11-2015

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Multi-Mert Water Assn.</u>	Latitude: <u>30°55'31.60"N</u> Longitude: <u>88°32'47.24"W</u>
Mailing Address: <u>14E Collins Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> <u>MS</u> <u>37452</u>	<u>SW</u> 1/4 <u>SW</u> 1/4, Sec <u>25</u> T <u>15</u> R <u>6W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 947-4669</u>	

**Well / Borehole Data**

Date drilling started: 10-15 Date drilling completed: 12-15 Hole depth: 1160 Hole diameter: 10x10

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: Bleach

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): NA

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: 205 feet [above or below] land surface Date measured: 12-11-2015  
(circle one)

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe) \_\_\_\_\_

Well depth: 1160 Well grouted to a depth of: 1080 feet Type of grout (circle one): Neat Cement  Bentonite   Mix

Casing length: 1080 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 70 feet Screen diameter: .015 8x10 inches Type of screen: Muni pag

Screen slot size: .015 inches Setting depth: From 1090 feet to 1160 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 994 feet

*If telescoped or more than one screen, describe on next page*

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# 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)

### For Office Use Only:

Well #: 0183  
Aquifer: \_\_\_\_\_

County: George  
Permit #: MS6W-17071  
Driller: Lyman Well  
Date completed: 3-9/2016  
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>Multi-Mart Water</u>	Latitude: <u>30°55'31.62"N</u> Longitude: <u>88°32'47.24"W</u>
Mailing Address: <u>146 Collins Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale</u> <u>MS</u> <u>39452</u> City State Zip Code	_____ 1/4 _____ 1/4, Sec <u>25</u> T <u>15</u> R <u>6W</u>
Telephone No. <u>(601) 947-4669</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 1000 Gallons Per Minute  
Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 125 Setting Depth: 300 feet Number of Stages: 6

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 3/10/2016 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 204 Feet Below Land Surface Pumping Water Level (B): 234 Feet Below Land Surface  
Drawdown [(B) - (A)]: 34 30 Feet Below Land Surface Test Pumping Rate: 1000 Gallons Per Minute  
Method of measurement (circle 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 (circle 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.  
Josh Ladner 0-640 3/24/16 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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