

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)

For Office Use Only:

Aquifer: _____
Well #: C 186
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: 0-780
Driller: J. Pient
Date drilling completed: 1-24-17

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

(Landowner if borehole is not for a water well)

Owner Name: Tree Line Simul
Mailing Address: P.O. Box Rayburn
Mobile AL 36273
City State Zip Code
Telephone No. 296-568-7440

Well or Borehole Location

Latitude: 30° 56' 13" Longitude: 88° 34' 45"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SW 1/4 Sec 27 Twn 15 Rng 6W
Distance 1 Miles Direction NE of Carroll, MS

Well / Borehole Data

Date drilling started: 1-24-17 Date drilling completed: 1-24-17 Hole depth: 90 Hole diameter: 2

Location of the source of any surface water used for drilling: Agua, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 Water 5 gal Bleach

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: 2 feet above or below (circle one) land surface Date measured: 1-24-17

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 90 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**

Form: OLWR-SWR-1A(04/08)

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BY OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: C186

Elevation: _____

County: George

Permit #: 0-780

Driller: 1-24-17

Date completed: 8-1-17

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

Owner Name: Tree Lane Service

Mailing Address: P.O. Box 409

Rough Run Alpha
City State Zip Code
36273

Telephone No. 256 568-7440

Well Location

Latitude: 30-56-13 Longitude: 88-34-45

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS ☒ Survey-grade GPS _____

NW $\frac{1}{4}$ 360 $\frac{1}{4}$ Sec 27 T 15 R 6W
NW

Distance Direction Nearest Town
1 Miles NE of Linebush, MS

Pump Type Circle one

Air Lift ☒ Jet ☐ Submersible
Bucket ☐ Piston ☐ Turbine
Centrifugal ☐ Rotary ☐ Flowing Well

Other (specify): _____

Date Pump Installed: 1-24-17

Rated Pump Capacity: 10 Gallons Per Minute

Power Type Circle one

Diesel Engine ☐ Gasoline Engine ☐ Natural Gas
☒ Electric Motor ☐ Hand ☐ Tractor PTO
Windmill ☐ Other (specify): _____

Horse Power Rating of Motor: 1

Setting Depth: 40 ft line feet

Number of Stages: 2

Pump Test Data

Date Well Tested: 1-24-17

Static Water Level (A): 2 Feet Below Land Surface

Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface

Test Pumping Rate: 10 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 48 hours

Method of Measuring Water Level Circle one

☒ Air Line ☐ Electric Measuring Line ☐ Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 10 GPM with a drawdown of

2 feet after 48 hours of pumping

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

Joel Pien 0-780
Print Name of Pump Installer and License No. (if applicable)

Joel Pien
Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-1B (04/08)
JAN 31 2017

BY OLWR

