

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2307  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D 142  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: M. L. Wald  
Date drilling completed: 4-27-09

**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)	Well or Borehole Location
Owner Name: <u>Douglas Gordon</u>	Latitude: <u>30° 55' 45"</u> Longitude: <u>88° 29' 30"</u>
Mailing Address: <u>1118 Brushy Creek Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Lucedale</u> <u>Ms</u> <u>39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>28</u> Twn <u>T15</u> Rng <u>R5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5 1/2</u> Miles <u>E</u> of <u>Lucedale</u>
Well / Borehole Data	
Date drilling started: <u>4-27-09</u> Date drilling completed: <u>4-27-09</u> Hole depth: <u>80</u> Hole diameter: <u>7 1/2</u>	
Location of the source of any surface water used for drilling: <u>NONE</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
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 <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<b><i>If drilling is not related to water well construction, skip the remainder of this block</i></b>	
Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>38</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____	
Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>	
Casing length: <u>70</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC 40</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC wrapped</u>	
Screen slot size: <u>10</u> inches Setting depth: From <u>70</u> feet to <u>80</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <b><i>If telescoped or more than one screen, describe on next page</i></b>	

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

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

County: George

Permit #: \_\_\_\_\_

Driller: Mike J. Walsh

Date completed: 4-29-09

*Copy information from block on Part 1*

### For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: D142

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

Owner Name: Douglas Jordan

Mailing Address: 1118 Brushy Creek Rd

Lucedale Ms 39452  
City State Zip Code

Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

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

USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 28 T T15 R RSW

Distance Direction Nearest Town  
5 1/2 Miles E of Lucedale

### Pump Type

Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well  
Other (specify): \_\_\_\_\_  
Date Pump Installed: 4-29-09  
Rated Pump Capacity: 19 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: 80 feet  
Number of Stages: 9

### Pump Test Data

Date Well Tested: \_\_\_\_\_  
Static Water Level (A): 38 Feet Below Land Surface  
Pumping Water Level (B): 58 Feet Below Land Surface  
Drawdown [(B) - (A)]: 20 Feet Below Land Surface  
Test Pumping Rate: 30 Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): 4 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 30 GPM with a drawdown of  
10 feet after 1 1/2 hours of pumping

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

Michael R Fry  
Print Name of Pump Installer and License No. (if applicable)

Michael R Fry  
Signature of Pump Installer

Form OLWR-SWR-1B (04/08)

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