

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)

County: George
Permit #: 0-780
Driller: Joel Pie
Date drilling completed: 9-1-09

For Office Use Only:
Aquifer: F 160
Well #:
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 (Landowner if borehole is not for a water well)
Owner Name: John Fagan
Mailing Address: 192 Daniel Reeves Rd
City: Lumberton, MS State: MS Zip Code: 39452
Telephone No.: (228) 369 8208
Well or Borehole Location
Latitude: 30° 52' 05.2" Longitude: 88° 42' 21.2"
Method of Lat/Long (circle one): 03 Conventional Survey 13
USGS quad, Hand-held GPS, Survey-grade GPS
SE SE 1/4 Sec 17 Twn 25 Rng 7W
Distance 5 Miles Direction: South of Nearest Town: Central, MS

Well / Borehole Data
Date drilling started: 9-1-09 Date drilling completed: 9-1-09 Hole depth: 52 Hole diameter: 2
Location of the source of any surface water used for drilling: Aquifer, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4000 chlor
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: 3 feet above/below (circle one) land surface Date measured: 9-1-09
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 52 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cemen Bentonite Mix
Casing length: 47 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic
Screen length: 5 feet Screen diameter: 2 inches Type of screen: Sch 40 Plastic
Screen slot size: 10 inches Setting depth: From 0 feet to 52 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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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)

County: Deaf
 Permit #: 0-780
 Driller: W Joel Pierce
 Date completed: 9-10-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-160
 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>John Fagan</u>	Latitude: <u>30-52-052</u> Longitude: <u>88-42-212</u>
Mailing Address: <u>192 David Kemond</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbah</u> <u>MS</u> <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 17 T 25 R 7W</u>
Telephone No. <u>(228) 369-8208</u>	Distance Direction Ncarcst Town
	<u>5</u> Miles <u>south</u> of <u>Lumbah, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-10-09</u>	Setting Depth: <u>20 set lead</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-10-09</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

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

Form: OLWR-SWR-1B

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F-160

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
gravel	0	52

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: John Fagan

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

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.

John Fagan 0-780 9-10-09
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee
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