

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 #: G 220
 L. S. Elevation: _____
 E-log #: _____

County: George
 Permit #: 0-780
 Driller: J Picul
 Date drilling completed: 7-20-17

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)	Well or Borehole Location
Owner Name: <u>Chris west</u>	Latitude: <u>30° 53' 33"</u> Longitude: <u>88° 32' 41"</u>
Mailing Address: <u>2111 Weeks Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lumbago, MS 39452</u>	NW 1/4 SE 1/4 Sec <u>12</u> Twn <u>25</u> Rng <u>6</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>5</u> Miles Direction: <u>North</u> of Nearest Town: <u>Aquila, MS</u>
Telephone No. <u>601 508-1111</u>	

Well / Borehole Data

Date drilling started: 7-20-17 Date drilling completed: 7-20-17 Hole depth: 80 Hole diameter: 4

Location of the source of any surface water used for drilling: Aquila, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water seal Blech

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: AUG 22 2017

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 7-20-17

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

Well depth: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: Plastic

Screen length: 10 feet Screen diameter: 4 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*

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: DeWitt
 Permit #: 0-780
 Driller: J. P. Paul
 Date completed: 7-20-17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G220
 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>Chris West</u>	Latitude: <u>30-53-37</u> Longitude: <u>88-32-41</u>
Mailing Address: <u>2111 Weeks Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Curelah</u> <u>MS</u> <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 12 T 25 R 6W</u>
Telephone No. <u>(601) 508 1111</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>North</u> of <u>Curelah, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 hp</u>
Date Pump Installed: <u>7-20-17</u>	Setting Depth: <u>70 drop pipe</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>2 RECEIVED</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-20-17</u>	AUG 22 2017
Static Water Level (A): <u>5</u> Feet Below Land Surface	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>30</u> Gallons Per Minute	Well yielded <u>30</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	<u>2</u> feet after <u>48</u> hours of pumping

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

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

