

# 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 #: G222  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: George  
 Permit #: 0-780  
 Driller: J. Pirel  
 Date drilling completed: 12-12-16

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Anderson Constellation</u>	Latitude: <u>30° 49' 57"</u> Longitude: <u>88° 33' 29"</u>
Mailing Address: <u>17246 Hwy 26</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> SE USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Lumbale</u> <u>MS</u> <u>39452</u>	<u>NE</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec <u>35</u> Twn <u>25</u> Rng <u>6W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>West</u> of Nearest Town <u>Agula, MS</u>
Telephone No. <u>(601) 508-2000</u>	

### Well / Borehole Data

Date drilling started: 12-20-16 Date drilling completed: 12-20-16 Hole depth: 130 Hole diameter: 2

Location of the source of any surface water used for drilling: Agula, 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: 3 feet above or below (circle one) land surface Date measured: 12-20-16

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

Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 120 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 130 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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: George  
 Permit #: 0-780  
 Driller: Joel Pene  
 Date completed: 12-20-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 6222  
 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>Anderson Constation</u>	Latitude: <u>30-49-57</u> Longitude: <u>88-33-29</u>
Mailing Address: <u>17426 Hwy 26</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clucada</u> <u>MS</u> <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> <sup>SE</sup> <u>SE</u> <sup>SW</sup> <u>35</u> T <u>25</u> R <u>6W</u>
Telephone No. <u>(601) 508-2000</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>West</u> of <u>Acular, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>12-20-16</u>	Setting Depth: <u>80 Jet level</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-20-16</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</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 Pene 0-780 Joel P.  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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