

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: H 153
Aquifer:
E-Log #:

County: George
Permit #: 0-780
Driller: J. Pient
Date drilling completed: 3-21-16

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.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: Don Lowery
Mailing Address: 113 Shipman Fire Tower Rd
Weeddale, MS 39452
Telephone No. (601) 770-4500
Well or Borehole Location
Latitude: 30-52-21 Longitude: 88-30-52
Method of Lat/Long (check one): Conventional Survey
USGS quad SW 1/4 SW 1/4, Sec 17 T 25 R 5W
3 Miles North of Agona, MS

Well / Borehole Data
Date drilling started: 3-21 Date drilling completed: 3-21 Hole depth: 100 Hole diameter: 2
Location of the source of any surface water used for drilling: Agona, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 Water 5gal bleach
Logs run (circle all applicable): No log run
Purpose of borehole (circle one): Water Well
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home
Other (describe):
If a flowing well, method of flow regulation: Valve
Static Water Level: 3 feet [above or below] land surface Date measured: 3-21-16
Method of measurement (circle one): Air line
Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Bentonite Mix
Casing length: 90 feet Casing diameter: 2 inches Type of casing: Sch 40
Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40
Screen slot size: 10 inches Setting depth: From 0 feet to 100 feet
Type of completion (circle all applicable): Gravel packed
Other (describe):
Top of lap pipe or reduction in casing: feet
If telescoped or more than one screen, describe on next page

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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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: H 153
Aquifer:

County: DeSoto
Permit #: 0-780
Driller: Joel Pirel
Date completed: 3-21-16
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: Don Lowrey, 113 Sherman Fire Tr Rd, Lumboldt MS 39562
Well Location: Latitude: 30-52-21 Longitude: 88-30-52
Method of Lat/Long: Conventional Survey
USGS quad: SW 1/4 SW 1/4, Sec 17 T 25 R 5W
3 Miles North of Aqueduct, MS

Pump Type (circle one): Jet
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 3-21-16 Rated Pump Capacity: 8 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one): Electric
Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Horse Power Rating of Motor: 1 Setting Depth: 60 DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: 3-21-16 Duration of Pump Test (minimum 4 hours): 48 hours
Static Water Level (A): 3 Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface
Drawdown [(B) - (A)]: 257 Feet Below Land Surface Test Pumping Rate: 8 Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):

Pump Test Data for Flowing Well
Measured shut in head: feet.
Well yielded 8 GPM with a drawdown of 2 feet after 48 hours of pumping

Meter Installation
Meter Manufacturer: Meter Serial Number:
Meter Model Number/Name: Type of Meter:
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date: Meter installed by:
Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Joel Pirel 0-780 3-21-16 Joel Pirel
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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