

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 #: H158
 L. S. Elevation: _____
 E-log #: _____

County: George
 Permit #: 0-780
 Driller: J Penn
 Date drilling completed: 7-12-17

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>Paula Woodard</u>	Latitude: <u>30° 49' 50"</u> Longitude: <u>88° 30' 20"</u>
Mailing Address: <u>259 Hwy 612</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Medale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 32 Twn 25 Rng 5W</u>
Telephone No. <u>(601) 508-2111</u>	Distance Direction Nearest Town
	<u>1 Miles NE of Aquila, MS</u>

Well / Borehole Data

Date drilling started: 7-12-17 Date drilling completed: 7-12-17 Hole depth: 130 Hole diameter: 2 inch

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 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: 7-12-17

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 0-120 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: J Piere
 Date completed: 7-12-17
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H158
 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>Paula Woodard</u>	Latitude: <u>30-49-50</u> Longitude: <u>88-30-20</u>
Mailing Address: <u>259 Hwy 612</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cumada, MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 32 T 75 R 5W</u>
Telephone No. <u>(601) 508-2111</u>	SE NW Distance Direction Nearest Town
	<u>1</u> Miles <u>NE</u> of <u>Agula, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-12-17</u>	Setting Depth: <u>100 Jet Line</u> feet
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-12-17</u>	RECEIVED JUL 19 2017
Static Water Level (A): <u>3</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	Other (specify): <u>D. ULWR</u>
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>5</u> Gallons Per Minute	Well yielded <u>5</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 Piere 0-780 Joel Piere
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

