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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)

County: Georg
 Permit #: 0-730
 Driller: J. Paul
 Date drilling completed: 7-16-19

For Office Use Only:
 Well #: H 165
 Aquifer: _____
 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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Kelley Reems</u>	Latitude: <u>30-50-22</u> Longitude: <u>88-31-16</u>
Mailing Address: <u>8106 Hwy 613</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>17.46</u> <u>17.35</u>
<u>Agula</u> <u>MS</u> <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>30</u> T <u>25</u> R <u>5W</u>
Telephone No. <u>(601) 770-2100</u>	<u>1 1/2</u> Miles <u>NE</u> of <u>Agula, MS</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7-16-19 Date drilling completed: 7-16-19 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 5gal Blue

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 3 feet [above or below] land surface Date measured: 7-16-19
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

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 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

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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 165
Aquifer: _____

County: DeWitt
Permit #: 07780
Driller: J. P. P.
Date completed: 7-16-19
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	Well Location
Owner Name: <u>Kelley News</u>	Latitude: <u>30-50-22</u> Longitude: <u>88-31-16</u>
Mailing Address: <u>8100 Hwy 613</u>	Method of Lat/Long (check one): <u>17.46</u> Conventional Survey <u>17.35</u>
<u>Angula</u> <u>MS</u> <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>90</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>30</u> T <u>25</u> R <u>5W</u>
Telephone No. <u>(601) 770-2100</u>	<u>1 1/2</u> Miles <u>NE</u> of <u>Angula, MS</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 7-16-19 Rated Pump Capacity: 10 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: 80 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: 7-16-19 Duration of Pump Test (minimum 4 hours): 48 hours
Static Water Level (A): 3 Feet Below Land Surface Pumping Water Level (B): 60 ft Feet Below Land Surface
Drawdown [(B) - (A)]: 2 Feet Below Land Surface Test Pumping Rate: 10 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: **RECEIVED**
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ **JUL 31 2019**
Installation Date: _____ Meter installed by: _____ **BY OLWR**
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 P. 0-780 7-16-19 Joel P.
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

