

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 #: J999
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: 0-780
Driller: J-Pieul
Date drilling completed: 10-17-14

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>Coley Cain</u>	Latitude: <u>30° 45' 49"</u> Longitude: <u>88° 45' 7"</u>
Mailing Address: <u>21600 Hwy 57 South</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Woodale MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>20S 13</u> Twn <u>35</u> Rng <u>8W</u>
Telephone No. <u>(601) 945-2428</u>	Distance <u>6</u> Miles <u>South</u> of <u>Bennetts, MS</u>

Well / Borehole Data

Date drilling started: 10-17 Date drilling completed: 10-17 Hole depth: 190 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquifer MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 with 5gal 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: 10-17

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

Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 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 190 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 (04/09)

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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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: 599

Elevation: _____

County: George
Permit #: 0-780
Driller: Joel Pi
Date completed: 10-17-14

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>Cody Cain</u>	Latitude: <u>30-45-49</u> Longitude: <u>88-45-7</u>
Mailing Address: <u>21600 Hwy 57 South</u>	<u>30-47-21</u> <u>88-45-20</u>
<u>Lucedale ms 39452</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601) 945 2428</u>	<u>SW 1/4 NW 1/4 Sec 13 T 35 R 8W</u>
	Distance <u>6</u> Miles Direction <u>South</u> of Nearest Town <u>Brewdale, ms</u>

Pump Type	Power Type
<input type="checkbox"/> Air Lift <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<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 hp</u>
Date Pump Installed: <u>10-17-14</u>	Setting Depth: <u>40 jet level</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>10-17-14</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

Joel Pi
Signature of Pump Installer

NOV 03 2014

BY: OLWR

Form: OLWR-SWR-1C (07-09)

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Lucedale, George County, Mississippi on Googlemap



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