

# 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: Stone George  
 Permit #: \_\_\_\_\_  
 Driller: Coast Waterwell SVC.  
 Date drilling completed: 5-8-15

**For Office Use Only:**

Well #: J101  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Ethel Hill</u>	Latitude: <u>30°47'27.36"</u> Longitude: <u>088°52' 7.08"</u>
Mailing Address: <u>107 Turner Whittington RD.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Perkinston, Ms 39573</u>	<u>NE 1/4 NE 1/4, Sec 15 T 35 R 9W</u>
City State Zip Code	<u>1 1/2</u> Miles <u>SW</u> of <u>Bowndate</u>
Telephone No. <u>(601) 945-2027</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 5/7/15 Date drilling completed: 5/8/15 Hole depth: 330 FT Hole diameter: 2"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 Drilling gallon well

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: 45 feet [above or  below] and surface Date measured: 5-8-15

Method of measurement (circle one): Steel tape, Electric tape,  Air line, Other (describe): \_\_\_\_\_

Well depth: 330 FT Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement,  Bentonite, Mix

Casing length: 330 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 330 feet to 330 feet

Type of completion (circle all applicable): Gravel packed, Underreamed, Open hole,  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet

*If telescoped or more than one screen, describe on next page*



# STATE WELL REPORT

## Part 2

County: ~~STATE~~ George  
Permit #: \_\_\_\_\_  
Driller: Coast Water Wells Svc  
Date completed: 5-8-15  
Copy information from block on Part 1

**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 #: 5101  
Aquifer: \_\_\_\_\_

*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>Ethel Hill</u>	Latitude: <u>30° 47' 27.36"</u> Longitude: <u>088° 52' 7.08"</u>
Mailing Address: <u>107 Turner Whittington Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Perkinston, MS 39573</u>	<u>NE 1/4 NE 1/4, Sec 15 T 35 R 9W</u>
City State Zip Code	<u>6 1/2 Miles SW of Bennetts</u>
Telephone No. <u>(601) 945-2027</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible Turbine Air Lift Centrifugal Flowing Well  Jet  Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 5/12/15 Rated Pump Capacity: 9 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 HP Setting Depth: 60 FT DP feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 5/12/15 Duration of Pump Test (minimum 4 hours): 6 hours  
Static Water Level (A): 45 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface  
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 9 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. N/A  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: N/A 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.  
Jack Riddell 0-472 5/13/15 Jack Riddell RECEIVED  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

BY: OLWR