

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

County: George  
 Permit #: 0-7909  
 Driller: Joel Pi  
 Date drilling completed: 8-29-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-190  
 L. S. Elevation: \_\_\_\_\_  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)          Owner Name: <u>Glenn Mangrum</u>          Mailing Address: <u>121 Wayne CEE Rd</u>  <u>Cordoba ms 39452</u>          City State Zip Code          Telephone No. <u>(251) 689-3991</u></p>	<p><b>Well or Borehole Location</b>          Latitude: <u>30° 35' 33"</u> Longitude: <u>90° 48' 30"</u>          Method of Lat/Long (circle one): <u>Hand-held GPS</u>          USGS quad: <u>SE 1/4 SW 1/4 Sec 9 Twn 35 Rng 6W</u>          Distance Direction Nearest Town  <u>7</u> Miles <u>west</u> of <u>Agulha, ms</u></p>
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**Well / Borehole Data**

Date drilling started: 8-29-08 Date drilling completed: 8-29-08 Hole depth: 55 Hole diameter: 2

Location of the source of any surface water used for drilling: Agulha, ms  
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water splash

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: 4 feet above below (circle one) land surface Date measured: 8-29-08

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

Well depth: 55 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: sch 40 Plastic

Screen length: 5 feet Screen diameter: 2 inches Type of screen: sch 40 "

Screen slot size: 10 inches Setting depth: From 0 feet to 55 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: DeKalb  
 Permit #: 0-7809  
 Driller: Joel R.  
 Date completed: 8-29-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-190  
 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>Stem wayne</u>	Latitude: <u>98-35-36.3</u> Longitude: <u>30-48-70.2</u>
Mailing Address: <u>121 wayne court</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumbah ms 39457</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City                      State                      Zip Code	<u>SE 1/4 SW 1/4 Sec 4 T 35 R 6W</u>
Telephone No. <u>(251) 689-3991</u>	Distance                      Direction                      Nearest Town
	<u>2</u> Miles <u>west</u> of <u>Agrib, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<input checked="" type="radio"/> Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-29-08</u>	Setting Depth: <u>30 ft lin</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 Circle one
Date Well Tested: <u>8-29-08</u>	<input checked="" type="radio"/> Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</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	

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

Joel R.                      0-7809                      Joel R.  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form **RECEIVED**  
 ENVIRONMENTAL QUALITY (04/08)  
 SEP 18 2008  
 BY: OLWR