

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 #: L235
L. S. Elevation: _____
E-log #: _____

County: DeSoto
Permit #: 0-780
Driller: J. P. Piel
Date drilling completed: 2-10-15

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>Tyler Carr</u>	Latitude: <u>30° 45' 5" N</u> Longitude: <u>88° 33' 23" W</u>
Mailing Address: <u>114 Stonyfield Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lumbdale MS 39457</u>	<u>SE 1/4 SW 1/4 Sec 26 Twn 35 Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>778-219-4970</u>	<u>4</u> Miles <u>SW</u> of <u>Arcola, MS</u>

Well / Borehole Data

Date drilling started: 2-10-15 Date drilling completed: 2-11-15 Hole depth: 140 Hole diameter: 4

Location of the source of any surface water used for drilling: Arcola, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 5 gal chlorine

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: 2-10-15

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

Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: Plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 150 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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BY: _____

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 #: L235
Elevation: _____

County: DeSoto
Permit #: 0-780
Driller: J. P. Paul
Date completed: 2-10-15

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>Tyler Carr</u>	Latitude: <u>30-45-5</u> Longitude: <u>88-33-23</u>
Mailing Address: <u>114 Stonyfield Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lumberville</u> <u>MS</u> <u>39452</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 26 T 35 R 6 W</u>
Telephone No. <u>228 219-4970</u>	Distance _____ Direction <u>SW</u> Nearest Town <u>Aqueduct, MS</u>
	<u>4</u> Miles of _____

Pump Type	Power Type
<input type="radio"/> Air Lift	<input type="radio"/> Diesel Engine
<input type="radio"/> Bucket	<input checked="" type="radio"/> Electric Motor
<input type="radio"/> Centrifugal	<input type="radio"/> Gasoline Engine
<input type="radio"/> Other (specify): _____	<input type="radio"/> Natural Gas
Date Pump Installed: <u>2-10-15</u>	Hand _____
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Tractor PTO _____
	Windmill _____
	Other (specify): _____
	Horse Power Rating of Motor: <u>1 1/2 hp</u>
	Setting Depth: <u>40 depth feet</u>
	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>2-10-15</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>3</u> Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	<input type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>20</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	Well yielded <u>20</u> GPM with a drawdown of
	<u>2</u> feet after <u>48</u> hours of pumping

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

Joel Paul
Signature of Pump Installer

Form: OLWR-SWR-10 (07-09)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
sand	0	35
Clay	35	80
Sand Gravel	80	150

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Tyler Carr

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joel Pirel 0-780 2-10-15
Print Name of Responsible Licensee and License No. Date

Joel Pirel
Signature of Licensee

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