

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 #: M 225
L. S. Elevation: _____
E-log #: _____

County: George
Permit #: 0-280
Driller: J-Piwe
Date drilling completed: 9-10-14

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>Paul Fineburg</u>	Latitude: <u>30° 47' 38"</u> Longitude: <u>88° 29' 59"</u>
Mailing Address: <u>7100 Hug 613</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale MS 39452</u>	<u>NW NE 1/4 SE 1/4 Sec 17 Twn 35 Rng 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 947-2159</u>	<u>1</u> Miles <u>South</u> of <u>Aguale, MS</u>

Well / Borehole Data

Date drilling started: 9-10-14 Date drilling completed: 9-10-14 Hole depth: 120 Hole diameter: 4

Location of the source of any surface water used for drilling: Aguale, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 water 5 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: 5 feet above or below (circle one) land surface Date measured: 9-10-14

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 100 feet Casing diameter: 4 inches Type of casing: Plastic

Screen length: 20 feet Screen diameter: 104 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 100 feet to 120 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)

OCT 01 2014

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	
Red sand	0	30
Clay	30	40
sand-gravel	40	120

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.

OCT 03 2014

Landowner Name: Paul Fione Berg

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 Piers 0-780 9-10-14 Joel Piers
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: M225
 Elevation: _____

County: DeKalb
 Permit #: 0-780
 Driller: J-Pier
 Date completed: 9-10-14
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>Paul Firebug</u>	Latitude: <u>30-47-30</u> Longitude: <u>88-29-59</u>
Mailing Address: <u>7100 Hwy 6130</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Woodale</u> MS <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>17</u> T <u>35</u> R <u>5W</u>
Telephone No. <u>(601) 947-2159</u>	Distance _____ Miles Direction <u>South</u> of Nearest Town <u>Agona, MS</u>

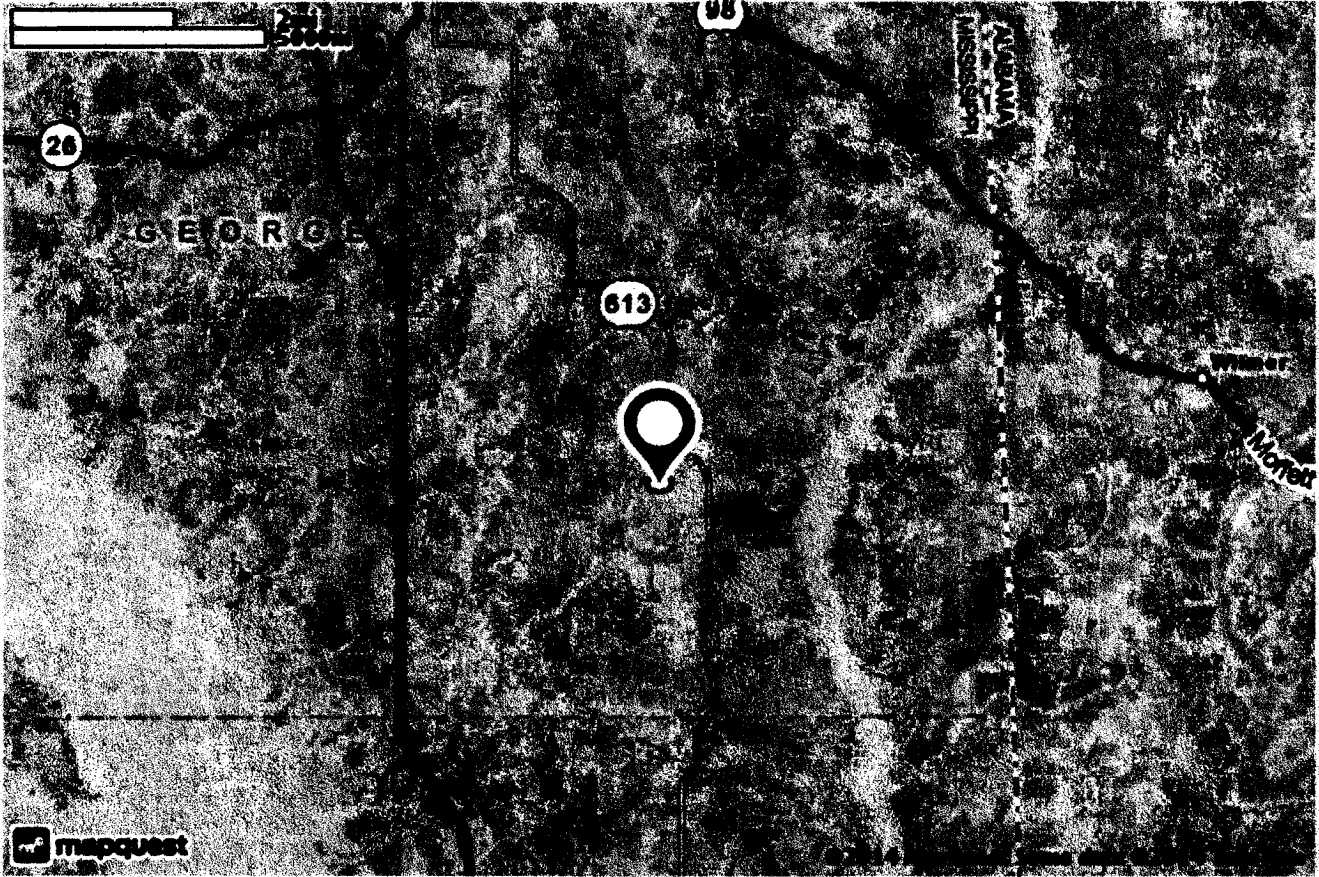
Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9-10-14</u>	Setting Depth: <u>80 deep Pump</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-10-14</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>100</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 Pier 0-780 Joel P
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Agricola, MS



©2014 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

RECEIVED
 OCT 01 2014
 B. OLWR