

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: K51
Aquifer:
E-Log #:

County: Green

Permit #:

Driller: David L. Carn

Date drilling completed: 8/16/2017

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

(Landowner if borehole is not for a water well)

Owner Name: Jerry Holland

Mailing Address: 238 Murdoch Walley Ln.

Leakesville Ms 39451
City State Zip Code

Telephone No. (601) 394-3205

Well or Borehole Location

Latitude: 31° 13' 41" Longitude: 88° 40' 36"

Method of Lat/Long (check one): Conventional Survey

USGS quad, Hand-held GPS X, Survey-grade GPS

NW 1/4 NE 1/4, Sec 15 T.3N R.7W

7 Miles N/W of Leakesville MS
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-10 Date drilling completed: 8-16 Hole depth: 165 Hole diameter: 4"

Location of the source of any surface water used for drilling: Green Co. Comm. Water Well

Method of dosing and volume of Chlorine used in drilling and development: 1 gal. bleach to 1000 gal water

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: NO

Name of organization running log(s):

Purpose of borehole (check one): Water Well X 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 all applicable): Home X Industrial Public Supply Irrigation Fish Culture

Other (describe): Chicken Farm

If a flowing well, method of flow regulation: Valve Other (describe)

Static Water Level: 55 feet above or X below land surface Date measured: 8-15-2017

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): String

Well depth: Well grouted to a depth of: 25 feet Type of grout (check one): Neat Cement X Bentonite Mix

Casing length: feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From feet to feet

Type of completion (check all applicable): X gravel packed Underreamed Open hole Natural Development

Other (describe):

Top of lap pipe or reduction in casing: feet

Southern Ms Water Well Drilling 0-831 8/28/2017 Rowell

#1 Well

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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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: K51

Aquifer: _____

County: Green
Permit #: _____
Driller: David L. Cain
Date completed: 8-16-2017
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

Owner Name: Jeremy Holland
Mailing Address: 238 Murdoc Welley Ln.
Leakesville Ms 39451
City State Zip Code
Telephone No. (601) 394-3205

Well Location

Latitude: 31° 13' 41" Longitude: 88° 40' 36"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS , Survey-grade GPS _____
NW 1/4 ENE 1/4, Sec 15 T.3N R.7W
7 Miles N/W of Leakesville Ms
(Distance) (Direction) (Nearest Town)

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 8-15-2017 Rated Pump Capacity: 30 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 5 hp Setting Depth: _____ feet Number of Stages: 20

Pump Test Data for Non Flowing Well

Date Well Tested: 8-15-2017 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): 83 Feet Below Land Surface
Drawdown [(B) - (A)]: 28 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): String

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.
Well yielded 50 GPM with a drawdown of 28 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (check 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.

Southern Ms Water Well Drilling 8-28-2017 David L. Cain
D-231 Signature of Pump Installer

