

# 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 #: N 73  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Greene  
Permit #: 0-780  
Driller: J. Pierce  
Date drilling completed: 7-7-17

**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>Tim Fallon</u>	Latitude: <u>31° 15' 25"</u> Longitude: <u>88° 76' 35"</u>
Mailing Address: <u>Old Hwy 24</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Neely, MS 39452</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 2 Twn 20 Rng 8W</u>
Telephone No. <u>(601) 394-4800</u>	SW Direction Nearest Town <u>10</u> Miles <u>East</u> of <u>Leakville, MS</u>

**Well / Borehole Data**

Date drilling started: 7-7-17 Date drilling completed: 7-7-17 Hole depth: 110 Hole diameter: 4 inches

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

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

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: 7-7-17

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

Well depth: 110 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: 10 feet Screen diameter: 4 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 100 feet to 110 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

# 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 #: N73  
 Elevation: \_\_\_\_\_

County: Greene  
 Permit #: 0-780  
 Driller: J Pierce  
 Date completed: 7-7-17  
*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>Tom Fallon</u>	Latitude: <u>31-15-85</u> Longitude: <u>88-26-35</u> <span style="margin-left: 100px;">9 34</span> <span style="margin-left: 100px;">45-52</span>
Mailing Address: <u>Old Hwy 24</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>weeley ms 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>2</u> T <u>2N</u> R <u>8W</u>
Telephone No. <u>(601) 394-4800</u>	Distance Direction Nearest Town <u>10</u> Miles <u>east</u> of <u>Leakville, ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 hp</u>
Date Pump Installed: <u>7-7-17</u>	Setting Depth: <u>100 drop pipe</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>7-7-17</u>	<b>RECEIVED</b> <b>JUL 19 2017</b> Steel Tape <b>BY OLWR</b>
Static Water Level (A): <u>3</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>30</u> Gallons Per Minute	Well yielded <u>30</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	<u>2</u> feet after <u>48</u> hours of pumping

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

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

