

STATE WELL REPORT

308

County: Greene
 Permit #: _____
 Driller: Michael S. Howard
 Date drilling completed: 8-10-2021

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 #: U140
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Heather Tapper</u>	Latitude: <u>31°0'50.73"</u> Longitude: <u>88°30'19.27"W</u>
Mailing Address: <u>195 Mann Lane</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> <u>MS</u> <u>39452</u>	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>29</u> T <u>T1N</u> R <u>R5W</u>
City State Zip Code	<u>8.5</u> Miles <u>NE</u> of <u>Lucedale</u>
Telephone No. <u>(601) 228-990 3371</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-10-2021 Date drilling completed: 8-10-2021 Hole depth: 95 Hole diameter: 4.5"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 63 feet above or below land surface Date measured: 8-10-2021
(check one)

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

Well depth: 95' Well grouted to a depth of: 15 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 2" inches Type of casing: PVC 540 BE

Screen length: 10' feet Screen diameter: 2" inches Type of screen: PVC WOP

Screen slot size: .008 inches Setting depth: From 85' feet to 95' feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

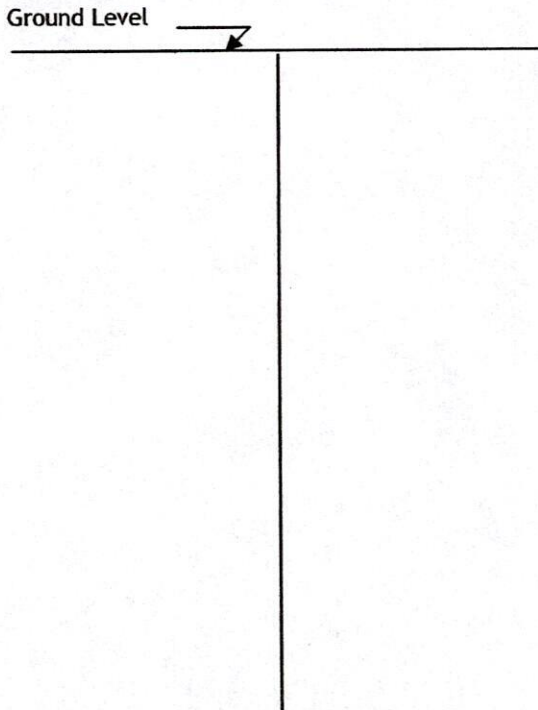
If telescoped or more than one screen, describe on next page

County: Greene
 Permit #: _____

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 Well #: _____

The sketch below only required for water wells

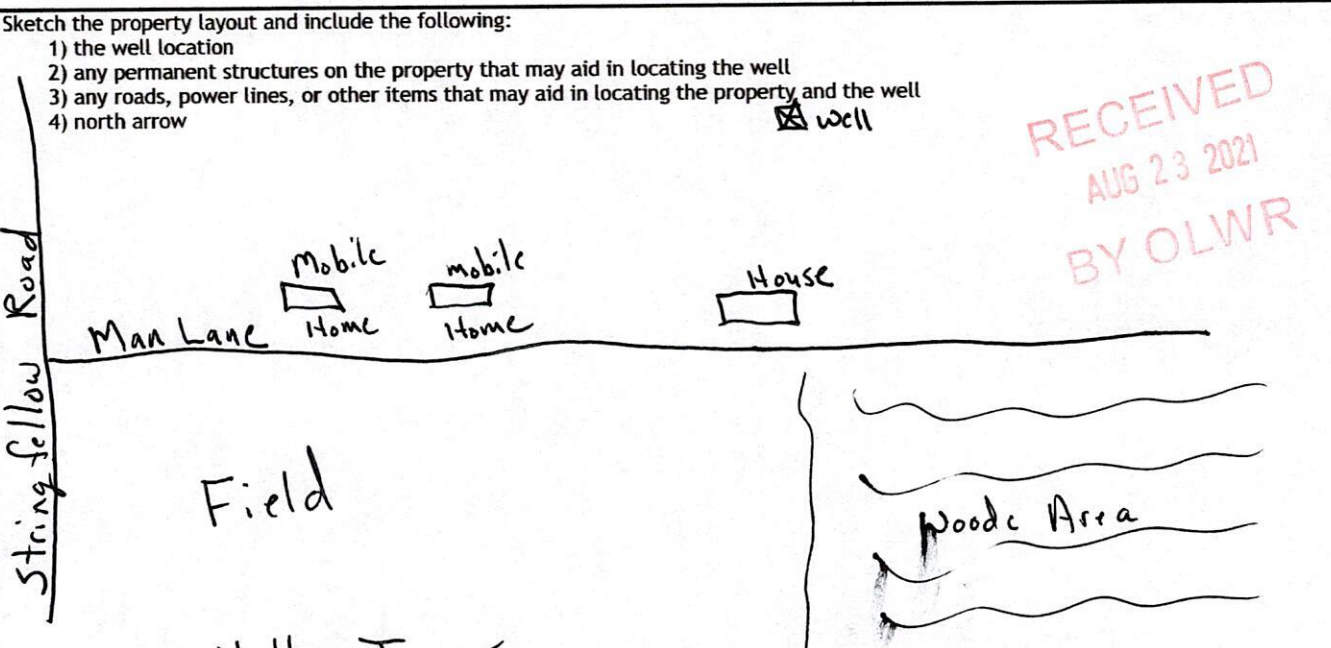
If well telescopes, show depths on sketch.



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)
Topsand	Ground level	18
silt	18	37
Sand	37	48
Clay	48	52
Sand	52	65
Sand	65	95

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



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 BY OLWR

Landowner Name: Heather Tapper

I HEREBY 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.

Michael S. Havard 0-673 8-19-2021 [Signature]
 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: U 140
Aquifer: _____

County: Greene
Permit #: _____
Driller: Michael S. Havard
Date completed: 8-10-2021
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>Heather Tapper</u>			Latitude: <u>31°0'50.73"</u> Longitude: <u>88°30'19.29"</u>	
Mailing Address: <u>195 Mann Lane</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Lucedale</u> City	<u>MS</u> State	<u>39452</u> Zip Code	<u>SW 1/4 SE 1/4, Sec 29 T. 11N R. 15W</u>	
Telephone No. <u>(228) 990-3371</u>			<u>8.5</u> Miles <u>NE</u> of <u>Lucedale</u> (Distance) (Direction) (Nearest Town)	

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>8-10-2021</u>	Rated Pump Capacity: <u>9</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>1</u>	Setting Depth: <u>80</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>8-10-2021</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>63</u> Feet Below Land Surface	Pumping Water Level (B): <u>70</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Test Pumping Rate: <u>8</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet.	
Well yielded _____ GPM with a drawdown of _____ feet after _____ 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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>Michael S. Havard 0-673</u> Print Name of Pump Installer and License No. (if applicable)	<u>8-19-2021</u> Date
	<u>[Signature]</u> Signature of Pump Installer

Heather Tapper

Well Depth 95'
Static Level 63'
Pump Depth 80'

06 23 2017
OLW

Legend

Heather Tapper

Mann Ln

Mann Ln

Mann

Google Earth

600 ft

