

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 #: D79
L. S. Elevation: _____
E-log #: _____

County: Hancock
Permit #: NA
Driller: Lynan Well
Date drilling completed: 1/15/18

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>Breaux Services</u>	Latitude: <u>30° 31' 04"</u> Longitude: <u>89° 23' 05"</u>
Mailing Address: <u>6153 Rd 305</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Kln</u> <u>Ms</u> <u>39556</u>	<u>SE 1/4 SW 1/4</u> Sec <u>19</u> Twn <u>6S</u> Rng <u>14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 255-7281</u>	Miles of
Well / Borehole Data	
Date drilling started: <u>1/11/18</u> Date drilling completed: <u>1/15/18</u> Hole depth: <u>320</u> Hole diameter: <u>7 7/8</u>	
Location of the source of any surface water used for drilling: <u>NA</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Bleach</u>	RECEIVED
Logs run (circle all applicable): <u>No log run</u> <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> <u>Sonic</u> <u>Neutron</u> Other: <u>JAN 22 2018</u>	
Name of organization running log(s): _____	BY OLWR
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70'</u> feet above or below (circle one) land surface Date measured: <u>1/15/18</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>320</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>280</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Saw</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>280</u> feet to <u>320</u> feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole <u>Natural Development</u>	
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 #: D79
 Elevation: _____

County: Hancock
 Permit #: NA
 Driller: Lyman Well
 Date completed: 1/15/18
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>Breaux Services</u>	Latitude: <u>30 31 04 N</u> Longitude: <u>W 89 23 05</u>
Mailing Address: <u>6153 Rd 305</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Kiln</u> MS <u>39556</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4</u> Sec <u>15</u> T <u>65 R 14 W</u>
Telephone No. <u>(228) 255-7281</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

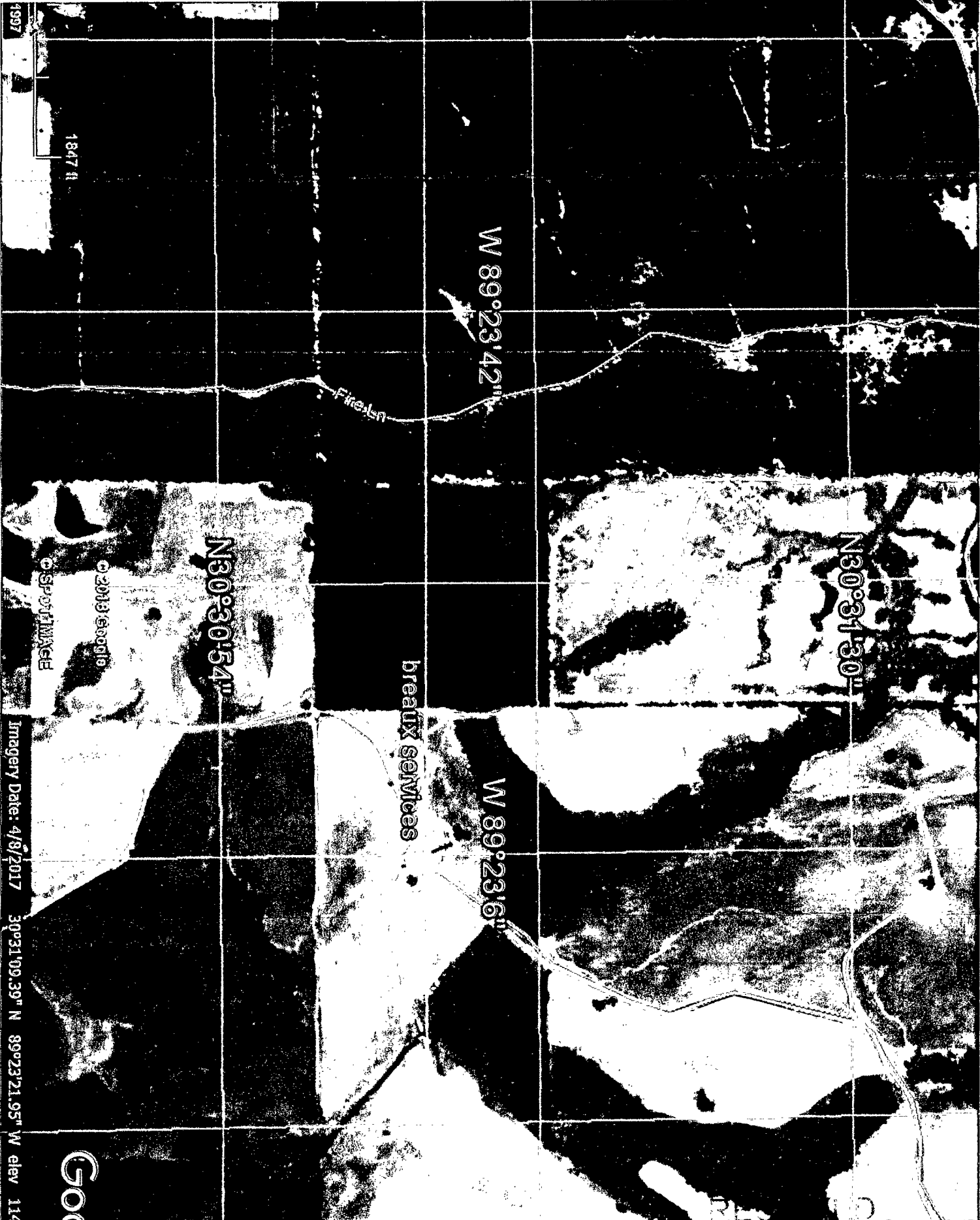
Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine <input type="radio"/> <u>Natural Gas</u> <input type="radio"/>
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/>
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>1/15/18</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>9</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/16/18</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>20</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Josh Ladner 0-640 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



JAN 22 2018

BY OLWR