

Jeff

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Harris
 Permit #: _____
 Driller: M. Schvly
 Date drilling completed: _____

For Office Use Only:
 Aquifer: _____
 Well #: J-358
 L. S. Elevation: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>JEFF WALLACE</u></p> <p>Mailing Address: <u>26159</u> <u>ELM Rd</u> <u>P. CHRISTIAN MS 39571</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone No. (____) _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>30° 23' 74"</u> Longitude: <u>89° 16' 71"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <u>42</u></p> <p>USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>34</u> Twn <u>7S</u> Rng <u>13W</u></p> <p>Distance _____ Miles Direction _____ of _____ Nearest Town _____</p>
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Well / Borehole Data

Date drilling started: 11/7 Date drilling completed: 11/7 Hole depth: 543 Hole diameter: 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 (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 X Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 11/7/07

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

Well depth: 543 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 523 feet Casing diameter: 3" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 006 inches Setting depth: From 523 feet to 543 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

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601-360-0535

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: HARRISON
 Permit #: D-470
 Driller: M. SCHULTZ
 Date completed: 11/28/07
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 Elevation: _____

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>JEFF WALLACE</u>	Latitude: <u>30 23 792</u> Longitude: <u>89-16711</u>
Mailing Address: <u>26157 1004 ELM RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PASS CHRISTIAN</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>MS</u> <u>39571</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>228</u> <u>234-0633</u>	<u>3</u> Miles <u>N.W.</u> of <u>Long Beach</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1hp</u>
Date Pump Installed: <u>11/28/07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15 GPM</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/28/07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>15</u> feet after <u>72</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>72</u> hours	

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

Mike W Schultz 470 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

