

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)

County: Harrison

Permit #: _____

Driller: Lyman Well

Date drilling completed: 9/22/2020

For Office Use Only:

Aquifer: _____

Well #: J 446

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Joey Spears</u>	Latitude: <u>30° 23' 56" 45</u> Longitude: <u>89° 14' 33" 79</u>
Mailing Address: <u>7527 Oakenshield lane</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Pass Christian MS 39471</u>	USGS quad: <u>SE 1/4 SE 1/4 Sec 36 Twn 75 Rng 13W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. <u>(228) 365-4667</u>	

Well / Borehole Data

Date drilling started: 9/17/2020 Date drilling completed: 9/22/2020 Hole depth: 460' Hole diameter: 7 7/8

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

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 Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

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

Static Water Level: 57' feet above or below (circle one) land surface Date measured: 9/22/2020

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

Well depth: 460 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 430 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: saw

Screen slot size: .006 inches Setting depth: From 430 feet to 460 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**

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STATE WELL REPORT

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County: Harrison
 Permit #: _____
 Driller: Lyman Well
 Date completed: 9/24/2020
Copy information from block on Part 1

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 #: J 446
 Aquifer: _____

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>Joey Spears</u>	Latitude: <u>30 23 56.4S</u> Longitude: <u>89 14 33.79</u>
Mailing Address: <u>7527 Oakenshield Ln</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pess Christian</u> <u>MS</u> <u>39571</u>	<u>SE</u> 1/4 <u>SE</u> 1/4, Sec <u>2536</u> T <u>7S</u> R <u>13W</u>
City State Zip Code	Miles of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(278) 365-4667</u>	

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 9/24/2020 Rated Pump Capacity: 30 gpm 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: 3 Setting Depth: 100 feet Number of Stages: 16

Pump Test Data for Non Flowing Well
 Date Well Tested: 9/24/2020 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 57' Feet Below Land Surface Pumping Water Level (B): 73 Feet Below Land Surface
 Drawdown [(B) - (A)]: 26 Feet Below Land Surface Test Pumping Rate: 30 Gallons Per Minute
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded 30 GPM with a drawdown of 26 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.
Josh Ladner 0-640 9/28/2020 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Mence Ave

Lazy Acres Rd

Oakenshield Ln

Woodland Dr

Stablewood Dr

JOEY SPEARS 30°23'56.45"N 89°14'33.79"W

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700 ft