

3" WELL

STATE WELL REPORT

County: HARRISON
 Permit #: _____
 Driller: M. SCHULTZ
 Date drilling completed: 7/17

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)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Well #: M975
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>LMM3</u>	Latitude: <u>30.25.18</u> Longitude: <u>89.01.11</u>
Mailing Address: <u>DD DOLIN LN.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>G.P.T.</u> State: <u>MS</u> Zip Code: _____	<u>SE 1/4 NE 1/4, Sec 19 T. 7S R. 10W</u>
Telephone No. () <u>547-0757</u>	<u>1/2</u> Miles <u>E.</u> of <u>G.P.T.</u> (Distance) (Direction) (Nearest Town)

RECEIVED
 NOV 06 2017
 BY OLWR

Well / Borehole Data

Date drilling started: 7/2/17 Date drilling completed: 7/18/17 Hole depth: 260' Hole diameter: 5"

Location of the source of any surface water used for drilling: CITY had G.P.T.

Method of dosing and volume of Chlorine used in drilling and development: liquid CHLORINE

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe): MAKE UP AND AGGLAUM

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle 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: 47 feet [above or below] land surface (circle one) Date measured: _____

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): 7/18/17

Well depth: 260 Well grouted to a depth of: 47 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 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 727D feet to 260 feet

Type of completion (circle 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

31) WELL

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)

County: HARRISON
 Permit #: _____
 Driller: M. Schmitt
 Date completed: 7/20/17
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M975
 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>IMMS</u>	Latitude: <u>30.25.18</u> Longitude: <u>89.01.11</u>
Mailing Address: <u>100 DOLLORE LA</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>G.P.T. MS 39563</u> City State Zip Code	<u>SE 1/4 NE 1/4 Sec 19 T 7S R 10W</u>
Telephone No. <u>228-547-0757</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>N.</u> of <u>G.P.T.</u>

RECEIVED

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>7/21/17</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: <u>8</u>

NOV 06 2017 BY OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/21</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>41</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

MIKE SCHMITT 0-478
 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer

