

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: Harrison
Permit #: _____
Driller: 0-285
Date drilling completed: 2-11-10

For Office Use Only:
Aquifer: N 361
Well #: _____
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>United Methodist Disaster Relief</u>	Latitude: <u>30° 22' 37" N</u> Longitude: <u>89° 16' 01" W</u>
Mailing Address: <u>6270 Hand Rd. Pass Christian MS.</u>	Method of Lat/Long (circle one): Conventional Survey
City: _____ State: _____ Zip Code: _____	USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____
Telephone No. () _____	<u>IR</u> 14 <u>IR</u> 14 Sec <u>8</u> ✓ Twn <u>8S</u> ✓ Rng <u>13W</u>
	Distance _____ Miles Direction _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 2-11 Date drilling completed: 2-11 Hole depth: 140' 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 logs: _____

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: 10 feet above below (circle one) land surface Date measured: 2-11-10

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

Well depth: 140' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: NC

Screen slot size: .006 inches Setting depth: From 120 feet to 140 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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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 #: _____
 Driller: 0-285
 Date completed: 2-12-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: N3G1
 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>United Methodist</u>	Latitude: <u>30° 22.614'</u> Longitude: <u>89° 16.019'</u>
Mailing Address: <u>6270</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Hand Rd</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Puss Christian MS</u>	_____ W _____ Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand Tractor PTO	Windmill Other (specify): _____
Centrifugal Rotary Flowing Well	Horse Power Rating of Motor: <u>1</u>
Other (specify): _____	Setting Depth: _____ feet
Date Pump Installed: <u>2-12-10</u>	Number of Stages: <u>2</u>
Rated Pump Capacity: _____ Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-12-10</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Draw down [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

MALVIN WAGNON 0-285 Mel Wagon
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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