

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: P175
Aquifer: _____
E-Log #: _____

County: Holmes
Permit #: _____
Driller: W. Bryant
Date drilling completed: 10-21-17

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>David L. Howard</u>	Latitude: <u>33° 05.46' N</u> Longitude: <u>090° 16.33' W</u> <u>33-05-28</u> <u>90-16-20</u>
Mailing Address: <u>2632 Epps Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Tchula</u> State: <u>MS</u> Zip Code: <u>39169</u>	<u>SE 1/4 NW 1/4</u> , Sec <u>2</u> T <u>14N</u> R <u>1W</u>
Telephone No. <u>(662) 392-7083</u>	<u>6</u> Miles <u>N</u> of <u>Tchula, MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10-21-17</u> Date drilling completed: <u>10-21-17</u> Hole depth: <u>104'</u> Hole diameter: <u>7"</u>
Location of the source of any surface water used for drilling: <u>Nearby ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorine Tablets</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>None</u>
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>18</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>10-21-17</u> (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Water level meter</u>
Well depth: <u>104'</u> Well grouted to a depth of: <u>12</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>84</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC SCH 40</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>
Screen slot size: <u>.013</u> inches Setting depth: From <u>84</u> feet to <u>104</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>-0-</u> feet

If telescoped or more than one screen, describe on next page

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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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:	
Well #:	P175
Aquifer:	_____

County:	Holmes
Permit #:	_____
Driller:	W. Bryant
Date completed:	10-21-17
<u>Copy information from block on Part 1</u>	

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: David L. Howard			33-05-28 Well Location 90-16-20	
Mailing Address: 2632 Epps Rd.			Latitude: 33° 05.46' N Longitude: 90° 16.33' W	
Tchula MS 39169			Method of Lat/Long (check one): Conventional Survey _____	
City	State	Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. (662) 392-7083			SE 1/4 NW 1/4, Sec 2 T 14N R 1W	
			6 Miles N of Tchula, MS	
			(Distance) (Direction) (Nearest Town)	
			Epps Rd.	

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: 10-21-17	Rated Pump Capacity: 45 Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	

Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: 5	Setting Depth: 60 feet Number of Stages: 18

Pump Test Data for Non Flowing Well	
Date Well Tested: 10-29-17	Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 18 Feet Below Land Surface	Pumping Water Level (B): 20 Feet Below Land Surface
Drawdown [(B) - (A)]: 2 Feet Below Land Surface	Test Pumping Rate: 55 Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): water level meter	

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet.	
Well yielded 55 GPM with a drawdown of 2 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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards!</i>	
<i>For agricultural wells, a list of approved meters is on the MDEQ website.</i>	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Willie L. Bryant 0-639	10-29-17	Willie L. Bryant
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

Untitled Map

Write a description for your map.



2632 Epps Rd

Untitled Placemark

Legend

- 2632 Epps Rd
- Untitled Placemark

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BY OLWR



Google Earth

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500 ft

