

County: Issaquena
Permit #: GW-48853
Driller: Irrigation Equipment Inc.
Date drilling completed: 7-22-2015

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

For Office Use Only:

Well #: B 98
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>Russell Mahalitic</u>			Latitude: <u>32 54' 32.3"</u> Longitude: <u>90 58' 22.8"</u>		
Mailing Address: <u>468 Magnolia Road</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Rolling Fork</u> <u>MS</u> <u>39159</u>			<u>NE 1/4 NW 1/4, Sec 15 T 12N R 8W</u>		
City State Zip code					
Telephone No. () -			Miles <u>West</u> of <u>Rolling Fork</u>		
			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data			
Date drilling started: <u>7-22-2015</u>	Date drilling completed: <u>7-22-2015</u>	Hole depth: <u>112</u>	Hole diameter: <u>20</u>
Location of the source of any surface water used for drilling: <u>Surface Water</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>			
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____			
Name of organization running log(s): _____			
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump			
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____			

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

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			
<input type="checkbox"/> Other (describe): _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>15</u> feet [<input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface		Date measured: <u>7-23-2015</u>	
(check one)			
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____			
Well depth: <u>112</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix			
Casing length: <u>72</u> feet		Casing diameter: <u>12</u> inches	
Screen length: <u>40</u> feet		Screen diameter: <u>12</u> inches	
Screen slot size: <u>.050</u> inches		Setting depth: From <u>73</u> feet to <u>112</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			
<input type="checkbox"/> 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 (4/13)

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County: Issaquena
 Permit #: GW-48853
 Driller: Irrigation Equipment Inc.
 Date drilling completed: 7-22-2015
Copy information from block on Part 1

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 #: B98
 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>Russell Mahalitc</u>			Latitude: <u>32 54' 32.3"</u> Longitude: <u>90 58' 22.8"</u>		
Mailing Address: <u>468 Magnolia Road</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Rolling Fork</u>	<u>MS</u>	<u>39159</u>	<u>NE 1/4 NW 1/4, Sec 15 T 12N R 8W</u>		
City	State	Zip code			
Telephone No. () -			Miles <u>West</u> of <u>Rolling Fork</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed 7-23-2015 Rated Pump Capacity: 1100+/- 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: 30 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ Hours

Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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 _____ GPM with a drawdown of _____ feet after _____ 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.

0695 12-3-2015
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

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 BY OLWR