

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 #: B99
Aquifer:
E-Log #:

County: Issaquena
Permit #: GW-49937 49337
Driller: Irrigation Equipment, Inc.
Date drilling completed: 6-24-16

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)
Owner Name: Russell Mahalitic
Mailing Address: 468 Magnolia Road
Rolling Fork MS 39159
Telephone No. () -
Well or Borehole Location
Latitude: 32 54' 8.5" Longitude: 90 58' 49.8"
Method of Lat/Long (check one): [] Conventional Survey, [] USGS quad, [x] Hand-held GPS, [] Survey-grade GPS
NW 1/4 SW 1/4, Sec 15 T 12N R 8W
Miles East of Mayersville
(Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 6-24-16 Date drilling completed: 6-24-16 Hole depth: 138' Hole diameter: 24"
Location of the source of any surface water used for drilling: Surface Water
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
Logs run (check all applicable): [x] No log run [] Electric [] Gamma Ray [] Density [] Sonic [] Neutron [] Other:
Name of organization running log(s):
Purpose of borehole (check one): [x] 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 all applicable): [] Home [] Industrial [] Public Supply [x] Irrigation [] Fish Culture [] Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 13 feet [] above or [x] below land surface Date measured: 6-24-16
Method of Measurement (check one) [x] Steel tape [] Electric tape [] Air line [] Other: (describe)
Well depth: 138' Well grouted to a depth of: 10 feet Type of grout (check one): [] Neat Cement [x] Bentonite [] Mix
Casing length: 88 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 89 feet to 138 feet
Type of completion (check all applicable): [x] 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

Received

SEP 07 2016

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

By OLWR

County: Issaquena
 Permit #: GW-49937
 Driller: Irrigation Equipment, Inc.
 Date drilling completed: 6-24-16
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 #: 899
 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' 8.5"</u> Longitude: <u>90 58' 49.8"</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>NW ¼ SW ¼, Sec 15 T 12N R 8W</u>		
City	State	Zip code			
Telephone No. () -			Miles	East	of Mayersville
			(Distance)	(Direction)	(Nearest Town)

Pump Type (check one)

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

Date Pump Installed 6-26-16 Rated Pump Capacity: 2600+/- 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: 75 Setting Depth: 70 feet Number of Stages: 1

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 9-2-16
 Print Name of Pump Installer and License No. (if applicable) Date


 Signature of Pump Installer
 Form: OLWR-SWR-1B (4/13)

SEP 07 2016
 By OLWR