

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: Itawamba
~~Monroe~~
 Permit #: _____
 Driller: Thomas Russi 0509
 Date drilling completed: 2-11-13

For Office Use Only:
 Aquifer: _____
 Well #: J29
 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>Johnston Black</u>	Latitude: <u>34° 16' 40"</u> Longitude: <u>88° 15' 10"</u>
Mailing Address: <u>448 Wilson Yielding Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Fulton MS 38843</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(662) 610-9134</u>	<u>N 1/4 E 1/4 Sec 29 Twn 9S Rng 10E</u>
	Distance <u>7</u> Miles <u>N</u> Direction of <u>Trehan</u> Nearest Town

Well / Borehole Data

Date drilling started: 2-7-13 Date drilling completed: 2-11-13 Hole depth: 175 Hole diameter: 8

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 log(s): _____

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: 125 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 175 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.10 inches Setting depth: From 165 feet to 175 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: **RECEIVED**

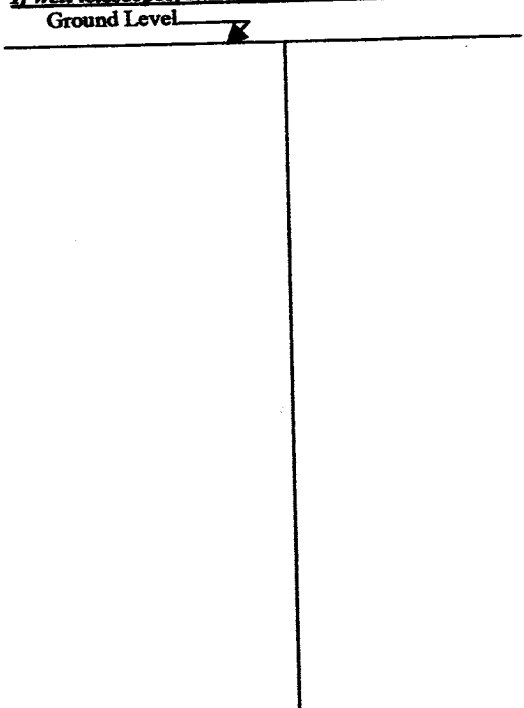
MAY 02 2013

BY: OLWR

The sketch below only required for water wells

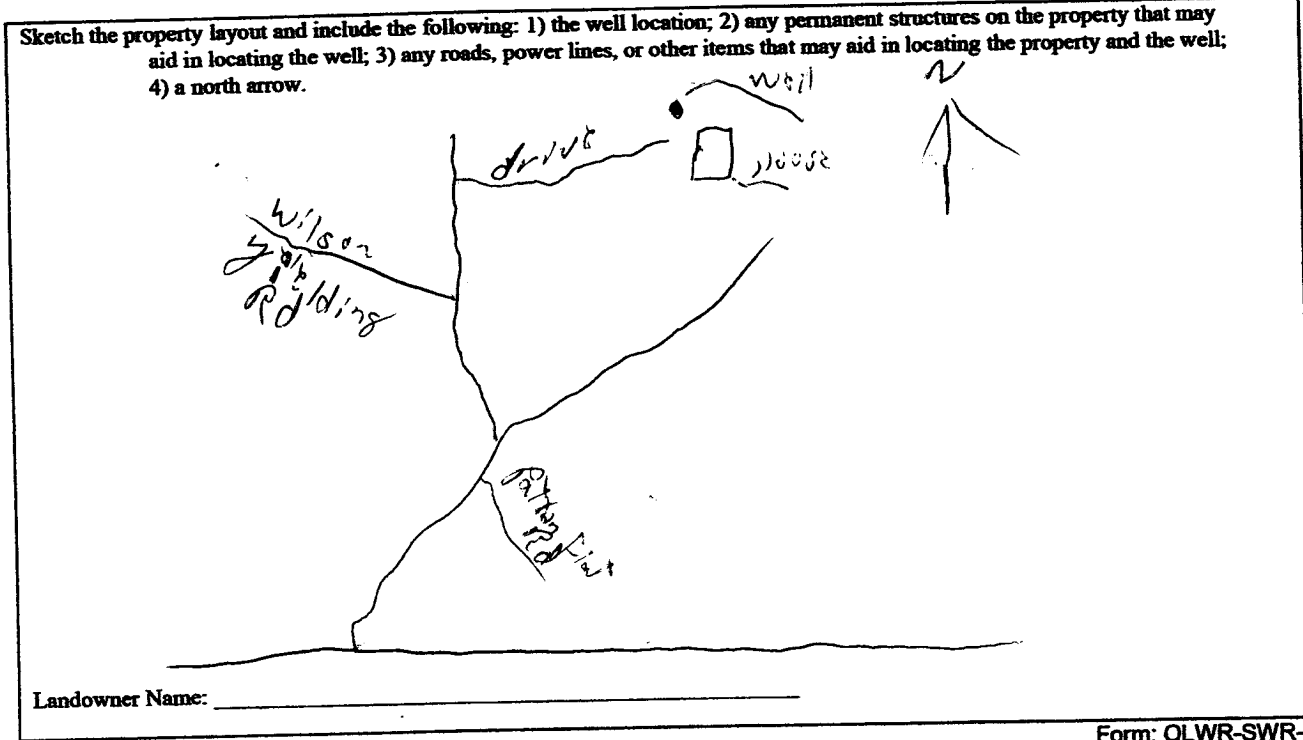
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	20
Rock	20	22
Clay	22	40
Clay	40	60
Clay	60	80
Clay	80	85
Rock	85	88
Sl. clay	88	100
Clay	100	115
Rock	115	117
Clay	117	120
Clay	120	123
sand stip	123	127
Clay	127	130
Rock	130	135
Clay	135	140
Clay	140	155
Sand	155	160
Sand + gravel	160	175

If more than one screen, show location of each on sketch



Landowner Name: _____

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Thomas Rossi 0509 4-24-13

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

MAY 02 2013

BY: OLWR

Itawamba

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)

For Office Use Only:

Aquifer: _____

Well #: J-29

Elevation: _____

County: Itawamba
Permit #: _____
Driller: Thomas Ressi 0509
Date completed: 2-11-13
Copy information from block on Part 1

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>Johnston Black</u>	Latitude: <u>34-16-40</u> Longitude: <u>88-15-10</u>
Mailing Address: <u>448 Wilson yielding Rd</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>Fulton MS 38843</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>N</u> $\frac{1}{4}$ <u>E</u> $\frac{1}{4}$ Sec <u>28</u> T <u>9S</u> R <u>10E</u>
Telephone No. <u>(662) 610-9134</u>	NW NE Distance Direction Nearest Town
	<u>7</u> Miles <u>N</u> of <u>Tremont</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>2-11-13</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>135</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> 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>10</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Thomas Ressi 0509
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1B
MAY 02 2013

BY: OLWR