

# 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 #: B115  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Castwater Wells LLC  
Date drilling completed: 1/13/17

*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>Stewart Montgomery</u>	Latitude: <u>30° 40' 20.34"</u> Longitude: <u>88° 41' 40.08"</u>
Mailing Address: <u>Old River Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanceleave, Ms 39565</u>	<u>SE 1/4 NW 1/4, Sec 28 T 45 R 7W</u>
City: _____ State: _____ Zip Code: _____	<u>9 1/2</u> Miles <u>NORTH</u> of <u>Vanceleave</u>
Telephone No. <u>(601) 623-4228</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>1/12/17</u> Date drilling completed: <u>1/13/17</u> Hole depth: <u>202 FT</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1 GAL per 1000 drilling 2 GAL in well</u>
Logs run (circle all applicable): No log run <input checked="" 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 (circle one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input 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>115</u> feet [above or (below) and surface (circle one)] Date measured: <u>1/13/17</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input checked="" type="checkbox"/> Other (describe) _____
Well depth: <u>202 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix _____
Casing length: <u>192</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>004</u> inches Setting depth: From <u>192</u> feet to <u>202</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input checked="" type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet

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



# STATE WELL REPORT

## Part 2

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: OLWR Water Wells, Inc  
 Date completed: 1/13/17  
Copy information from block on Part 1

**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 #: B115  
 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>Stewart-Montgomery</u>	Latitude: <u>30°40'20.34"</u> Longitude: <u>088°41'40.08"</u>
Mailing Address: <u>Old River Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vanceleave, MS 39565</u>	<u>SE 1/4 NW 1/4, Sec 28 T 45 R 70</u>
City: _____ State: _____ Zip Code: _____	<u>9 1/2</u> Miles <u>NORTH</u> of <u>Vanceleave</u>
Telephone No. <u>601 623-4228</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 1/17/17 Rated Pump Capacity: 6.5 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 2 HP Setting Depth: 130 FT DP feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1/17/17 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 115 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 6.5 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet. N/A

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: RECEIVED

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_ JAN 26 2017

Installation Date: \_\_\_\_\_ Meter installed by: BY OLWR

Is This Meter (circle 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.

Jack Ridadell 0-472 1/17/17 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer