

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
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: D391
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: 0-780
Driller: J-Pear
Date drilling completed: 7-10-15

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>Jerrell Navarro</u>		<u>30 39 8.87</u> Well or Borehole Location <u>88 28 30.44</u>
Mailing Address: <u>2111 Coleman County Rd</u>		Latitude: <u>30° 49' 19"</u> Longitude: <u>88° 36' 74"</u>
<u>Horsley</u> <u>MS</u> <u>39562</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code		<u>30</u> <u>1/2</u> <u>SE</u> <u>1/4</u> Sec <u>34</u> Twn <u>45</u> Rng <u>5W</u>
Telephone No. <u>(228) 990-5411</u>		Distance <u>1</u> Miles Direction <u>EAST</u> of Nearest Town <u>Horsley, MS</u>

Well / Borehole Data

Date drilling started: 7-10-15 Date drilling completed: 7-10-15 Hole depth: 55 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquifer, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4gal bleach

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: 3 feet above or below (circle one) land surface Date measured: 7-10-15

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

Well depth: 55 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 2 inches Type of casing: Plastic

Screen length: 5 feet Screen diameter: 2 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 50 feet to 55-55 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

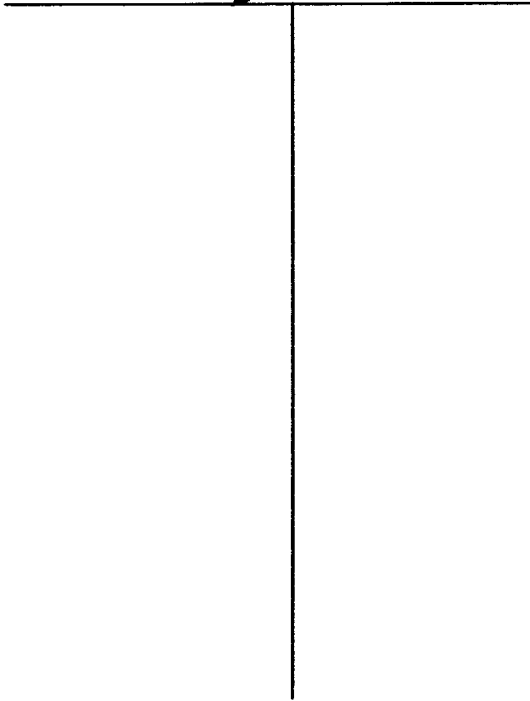
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

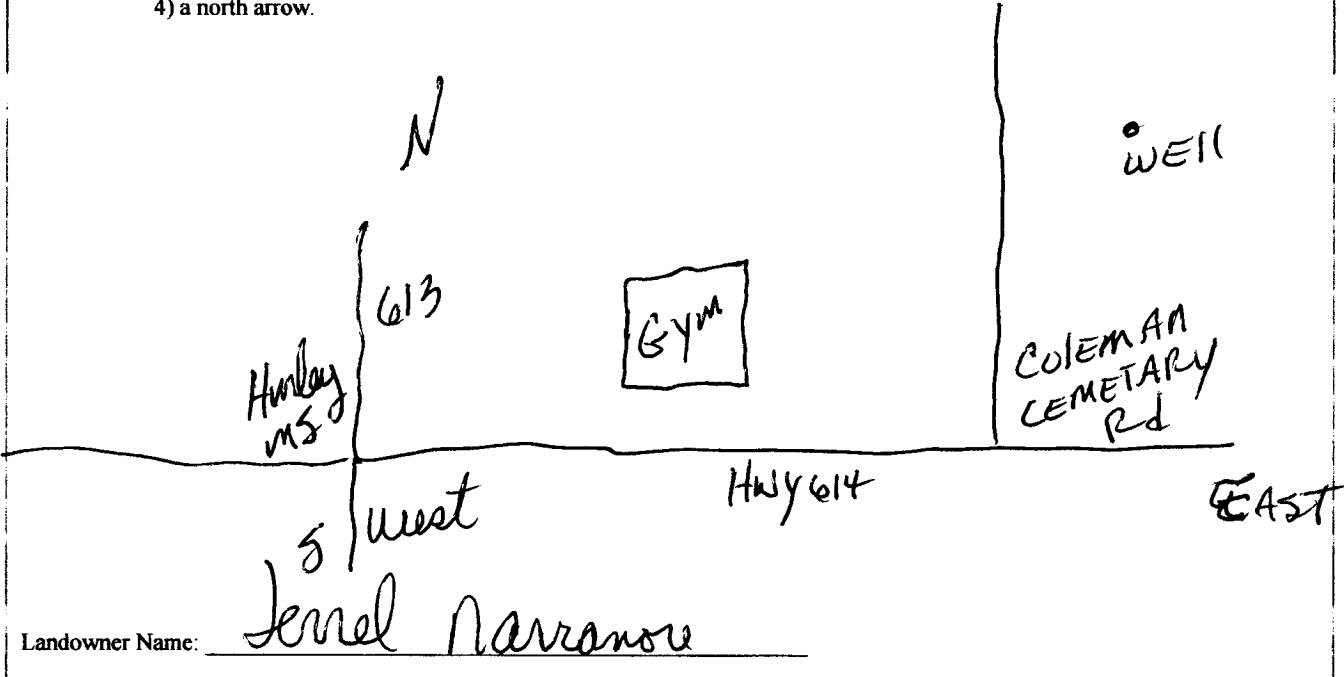


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red sand	0	10
white sand	10	55

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



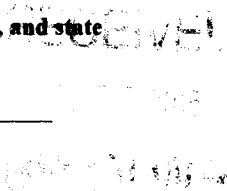
Form: OLWR-SWR-1A (04/08)

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.

Joel Pene 0-780
Print Name of Responsible Licensee and License No.

7-10-15
Date

Joel Pene
Signature of Licensee



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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: D 391

Elevation: _____

County: Jackson
Permit #: 0-780
Driller: J. Piere
Date completed: 7-10-15
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>Jerrell Navarro</u>	Latitude: <u>30-49-19</u>	Longitude: <u>88-28-30-44</u>			
Mailing Address: <u>211 Colman Century Rd</u>	Method of Lat/Long (check one): Conventional Survey _____				
<u>Hurley</u> <u>MS</u> <u>39562</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____				
City State Zip Code	<u>SE</u> <u>1/4</u> <u>NE</u> <u>1/4</u> Sec <u>34</u> T <u>45</u> R <u>5W</u>				
Telephone No. <u>228 990-5411</u>	Distance <u>1</u> Miles	Direction <u>East</u>	Nearest Town <u>Hurley, MS</u>		

Pump Type			Power Type		
Circle one			Circle one		
Air Lift <input type="checkbox"/>	<u>Jet</u> <input checked="" type="checkbox"/>	Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	Piston <input type="checkbox"/>	Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/>	Hand <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Rotary <input type="checkbox"/>	Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/>	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>7-10-15</u>			Setting Depth: <u>25 jet line</u> feet		
Rated Pump Capacity: <u>7</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level	
Date Well Tested: <u>7-10-15</u>		Circle one	
Static Water Level (A): <u>3</u> Feet Below Land Surface	<u>Air Line</u> <input checked="" type="checkbox"/>	Electric Measuring Line <input type="checkbox"/>	Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	Other (specify): _____		
Drawdown [(B) - (A)]: <u>22</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Test Pumping Rate: <u>7</u> Gallons Per Minute	Well yielded <u>7</u> GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	<u>2</u> feet after <u>48</u> hours of pumping		

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Joel Piere 0-780 Joel Piere
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer