

STATE WELL REPORT

91

County: Jackson
Permit #: 0-780
Driller: J.P.
Date drilling completed: 12-10-20

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 #: D 489
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
Well or Borehole Location
Owner Name: Ed Dorely Cook
Mailing Address: 280 Yellow Bluff Rd Moss Point MS 39562
Telephone No. 228 327-4800
Latitude: 30-43-20 Longitude: 88-28-9
Method of Lat/Long: Conventional Survey
USGS quad: NW 1/4, NE 1/4, Sec 37 T45 R5W
5 Miles South of Agula, MS

Well / Borehole Data
Date drilling started: 12-10-20 Date drilling completed: 12-10-20 Hole depth: 50 Hole diameter: 2
Location of the source of any surface water used for drilling: Agula, MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 with 5 gal Cl
Logs run: No log run
Purpose of borehole: Water Well
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well: Home
Other (describe):
If a flowing well, method of flow regulation: Valve
Static Water Level: 3 feet [above or below] land surface Date measured: 12-10-20
Method of measurement: Air line
Well depth: 50 Well grouted to a depth of: 10 feet Type of grout: Neat Cement
Casing length: 40 feet Casing diameter: 2 inches Type of casing: Plastic
Screen length: 10 feet Screen diameter: 2 inches Type of screen: Plastic
Screen slot size: 10 inches Setting depth: From 0 feet to 50 feet
Type of completion: Gravel packed
Top of lap pipe or reduction in casing: feet

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

County: _____

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Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
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(601) 360-0535 (fax)

For Office Use Only:
Well #: D 489
Aquifer: _____

County: Jackson
Permit #: 0-780
Driller: J.P.
Date completed: 12-10-20
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>Eed Dandy Coonster</u>	Latitude: <u>30-43-20</u>	Longitude: <u>88-28-9</u>	
Mailing Address: <u>280 Jefferson Bluff Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Monroe</u> <u>La</u> <u>MS</u> <u>38562</u>	NW <u>SW</u> <u>NE</u> <u>SE</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> Sec <u>37</u> T <u>45</u> R <u>5W</u>		
City State Zip Code	<u>5</u> Miles <u>South</u> of <u>Apala, MS</u>		
Telephone No. <u>(228) 327-4800</u>	(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 12-10-20 Rated Pump Capacity: 10 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: 1 Setting Depth: 20 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
 Date Well Tested: 12-10-20 Duration of Pump Test (minimum 4 hours): 48 hours
 Static Water Level (A): 3 Feet Below Land Surface Pumping Water Level (B): 20 Feet Below Land Surface
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface Test Pumping Rate: 10 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.
 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 (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.
Joel P. 0-780 12-10-20 Joel P.
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
JAN 01 2020
BY OLWR

