

STATE WELL REPORT

116

County: Jackson
 Permit #: _____
 Driller: Lyman Well
 Date drilling completed: 3/10/2021

**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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: F 593
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Fulcrum Construction</u>	Latitude: <u>30°36.347' N</u> Longitude: <u>88°39.082' W</u>
Mailing Address: <u>805 Triune Ave.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Daphne</u> State: <u>ALA</u> Zip Code: <u>36526</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>14</u> T <u>55</u> R <u>7W</u>
Telephone No. (<u>251</u>) <u>380-8375</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3/3/2021 Date drilling completed: 3/10/2021 Hole depth: 195 Hole diameter: 10"
 Location of the source of any surface water used for drilling: NR
 Method of dosing and volume of Chlorine used in drilling and development: Bleach
 Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: No log
 Name of organization running log(s): NA
 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Dollar General
 If a flowing well, method of flow regulation: Valve NA Other (describe) NA
 Static Water Level: 115 feet above or below land surface Date measured: 3/10/2021
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
 Well depth: 195 Well grouted to a depth of: 185 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 185 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrap
 Screen slot size: 100µ inches Setting depth: From 185 feet to 195 feet
 Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development
 Other (describe): NA
 Top of lap pipe or reduction in casing: NA feet

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

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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 #: F 593
Aquifer: _____

County: Jackson
Permit #: _____
Driller: Lynan Well
Date completed: 3/10/2021
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>Fulcrum Construction</u>	Latitude: <u>30°36.397'N</u> Longitude: <u>88°39.082'W</u>
Mailing Address: <u>805 Trione Ave.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> _____
<u>Daphne</u> <u>Ala</u> <u>36543</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>14</u> T <u>55</u> R <u>7W</u>
Telephone No. (<u>251</u>) <u>380-8375</u>	_____ Miles of _____ (Distance) (Direction) (Nearest Town)

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>3/10/2021</u>	Rated Pump Capacity: <u>18</u> Gallons Per Minute
Is This Pump (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>1.5HP</u>	Setting Depth: <u>160</u> feet Number of Stages: <u>10</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>3/10/2021</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>115</u> Feet Below Land Surface	Pumping Water Level (B): <u>138</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Test Pumping Rate: <u>20</u> Gallons Per Minute
Method of measurement (check one): <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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	

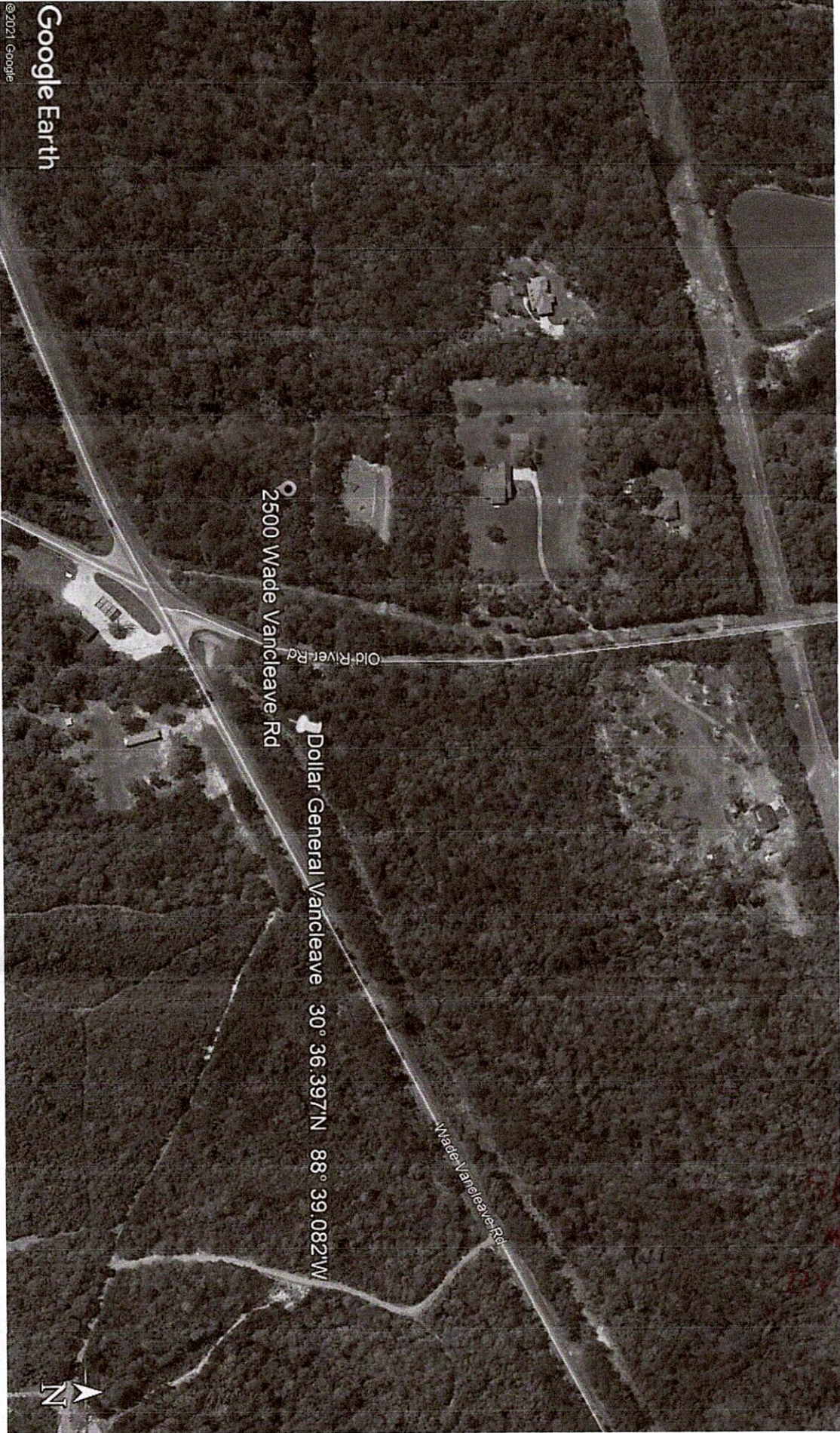
Meter Installation	
Meter Manufacturer: _____	Meter Serial Number: _____
Meter Model Number/Name: _____	Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: _____	Meter installed by: _____
Is This Meter (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> 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.	

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

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Google Earth



2500 Wade Vancleave Rd

Dollar General Vancleave 30° 36.397'N 88° 39.082'W

Old River Rd

Wade Vancleave Rd



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