

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 #: H 210
L. S. Elevation: _____
E-log #: _____

County: Jackson
Permit #: 0-780
Driller: J-Rivul
Date drilling completed: 5-8-12

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>Tim Brown</u>	Latitude: <u>30° 36' 15" N</u> Longitude: <u>88° 29' 30" W</u>
Mailing Address: <u>7000 Bent Wood Drive</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hurley</u> MS <u>39562</u>	NW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>21</u> Twn <u>55</u> Rng <u>5W</u>
City State Zip Code	Distance <u>2</u> Miles Direction <u>North</u> of Nearest Town <u>Big Point, MS</u>
Telephone No. <u>(228) 588-3222</u>	

Well / Borehole Data

Date drilling started: 5-8-12 Date drilling completed: 5-8-12 Hole depth: 70 Hole diameter: 4

Location of the source of any surface water used for drilling: Aqueduct MS
Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal chlorine

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: 5 feet above or below (circle one) land surface Date measured: 5-8-12

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

Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: Plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Plastic

Screen slot size: 10 inches Setting depth: From 60 feet to 70 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: OLWR-SWR-1A (04/08)

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BY: OLWR

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 #: H210
Elevation: _____

County: Jackson
Permit #: 0-780
Driller: J. Pierce
Date completed: 5-8-12
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>Tim Brown</u>	Latitude: <u>30-36-145</u> Longitude: <u>88-29-515</u>
Mailing Address: <u>7000 Bentwood Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Healy</u> <u>MS</u> <u>39562</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 21 T 55 R 5W</u>
Telephone No. <u>(228) 588 3222</u>	Distance Direction Nearest Town <u>2</u> Miles <u>North</u> of <u>Big Point</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 hp</u>
Date Pump Installed: <u>5-8-12</u>	Setting Depth: <u>60 Drop Pipe</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5-8-12</u>	Circle one
Static Water Level (A): <u>5</u> Feet Below Land Surface	<u>Air Line</u> Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>30</u> Gallons Per Minute	Well yielded <u>30</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	<u>5</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 Pierce 0-780 Joel Pierce
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWAYC 105-09 2012


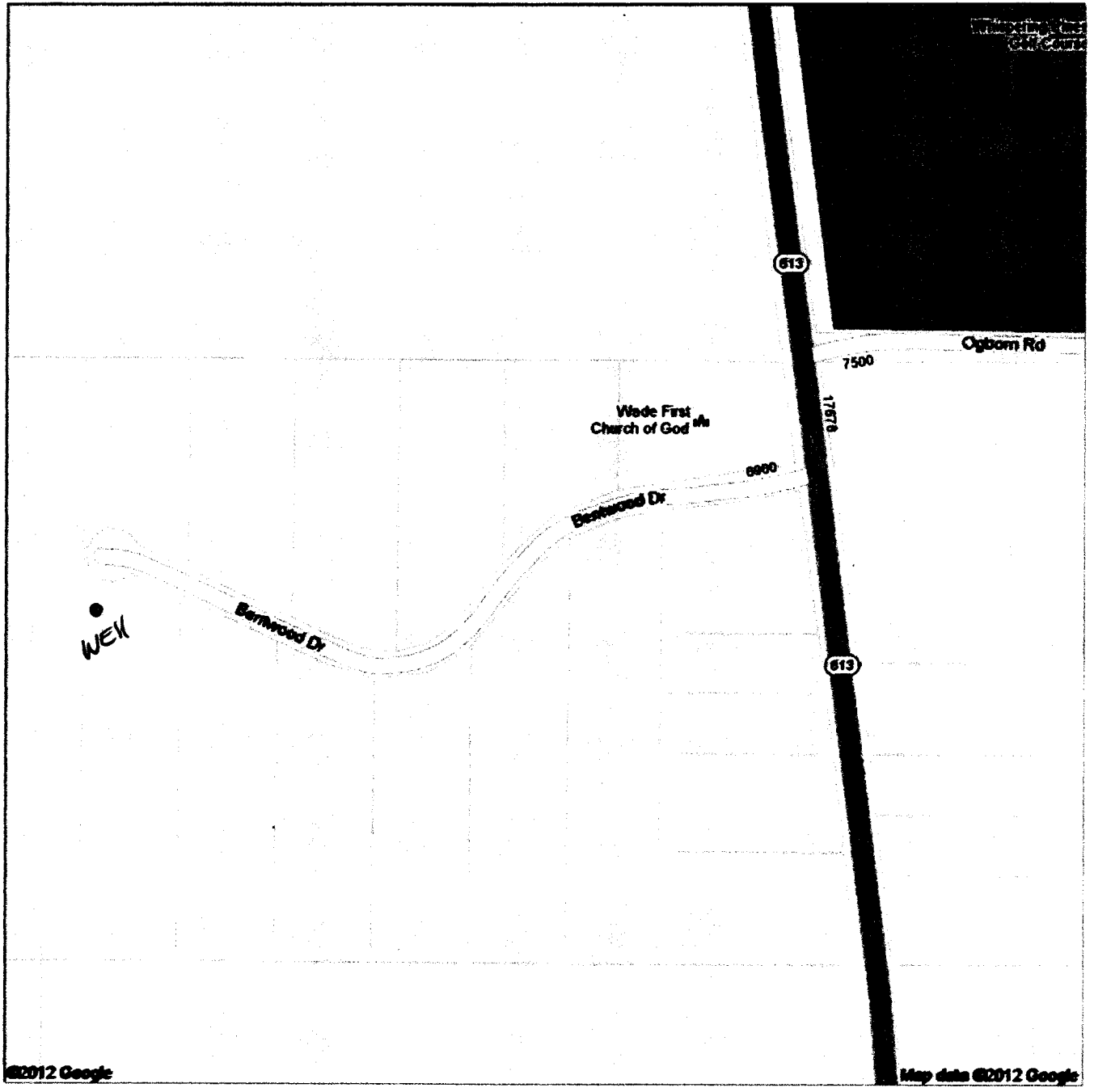
BY: OLWR

Jackson Co.
H210



Address Hurley, MS

Get Google Maps on your phone
Text the word "GMAPS" to 466453

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