

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)

County: Jackson
Permit #: 0-780
Driller: J. Paine
Date drilling completed: 1-26-15

For Office Use Only:
Aquifer: _____
Well #: H231
L. S. Elevation: _____
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tom Willis</u>	Latitude: <u>30° 38' 44"</u> Longitude: <u>88° 38' 29"</u>
Mailing Address: <u>2461 Hug 614</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Hurley</u> <u>MS</u> <u>39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 2 Twn 55 Rng 5W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>East</u> of <u>Hurley, MS</u>

Well / Borehole Data

Date drilling started: 1-26 Date drilling completed: 1-26 Hole depth: 70 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 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 below (circle one) land surface Date measured: 1-26-15

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: 70⁶⁰ feet Casing diameter: 2 inches Type of casing: Sch 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 40

Screen slot size: 10 inches Setting depth: From 0⁶⁰ 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-4A (D06)

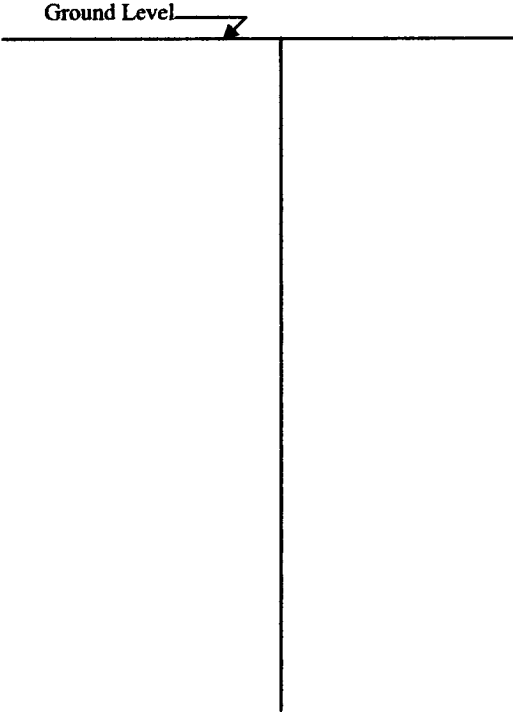
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BY: OLWR

The sketch below only required for water wells

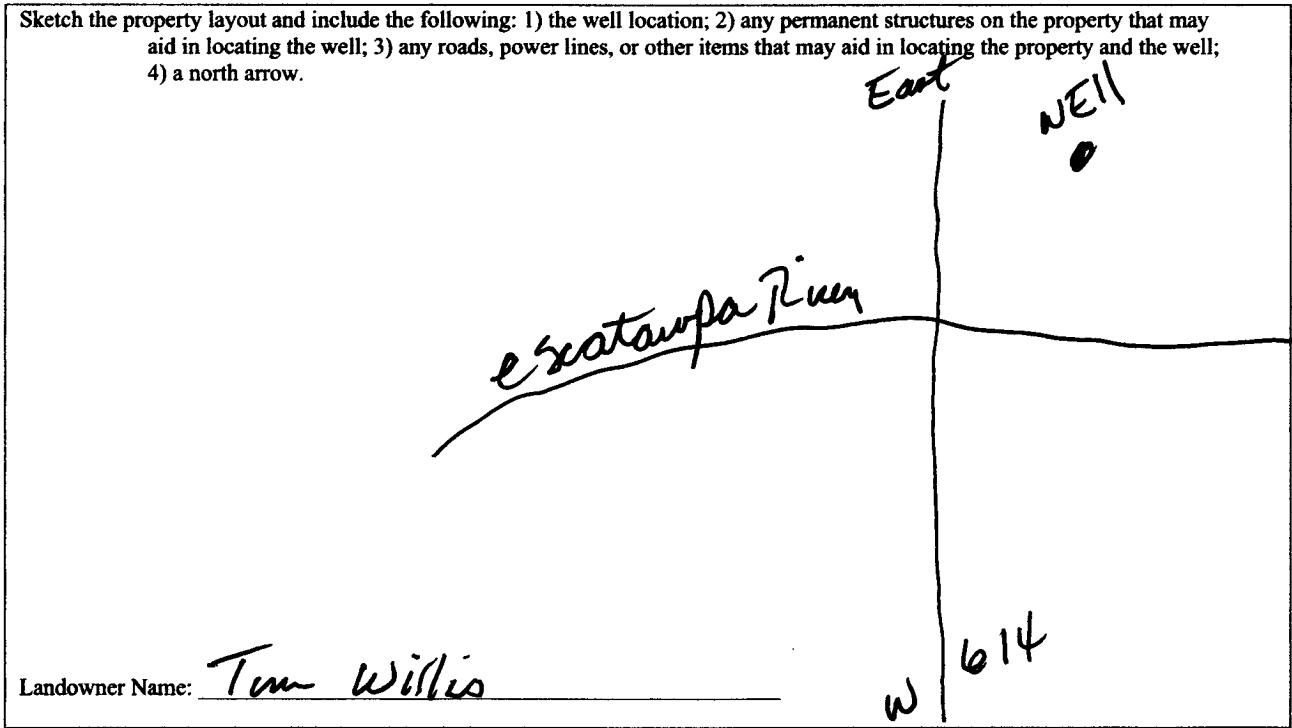
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Red sand	0	25
Clay	25	30
sand & gravel	30	70

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



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 Piment
Print Name of Responsible Licensee and License No.

1-26-15
Date

Joel Piment
Signature of Licensee

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

County: Jackson
 Permit #: 0-780
 Driller: J. Pierce
 Date completed: 1-26-15
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H231
 Elevation: _____

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 Welko</u>	Latitude: <u>30-38-44</u> Longitude: <u>88-28-29</u>
Mailing Address: <u>2461 Hwy 614</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Hudg</u> <u>MS</u> <u>39562</u> City State Zip Code	<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ Sec <u>3</u> T <u>5S</u> R <u>5W</u>
Telephone No. () _____	Distance <u>3</u> Miles <u>east</u> of <u>Hudg, MS</u> Nearest Town

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift	<input type="radio"/> Diesel Engine
<input checked="" type="radio"/> Jet	<input checked="" type="radio"/> Gasoline Engine
<input type="radio"/> Bucket	<input checked="" type="radio"/> Electric Motor
<input type="radio"/> Centrifugal	<input type="radio"/> Hand
<input type="radio"/> Other (specify): _____	<input type="radio"/> Natural Gas
Date Pump Installed: <u>1-26-15</u>	<input type="radio"/> Tractor PTO
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Windmill _____ Other (specify): _____
	Horse Power Rating of Motor: <u>2 hp</u>
	Setting Depth: <u>30 jet line</u> feet
	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-26-15</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>5</u> Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	<input type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>10</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	Well yielded <u>10</u> GPM with a drawdown of
	<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 Pierce Joel Pi
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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