

STATE WELL REPORT

72

County: Jackson
 Permit #: _____
 Driller: Coast Water Well Svc
 Date drilling completed: 2/8/19

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 #: 059H255
 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>Jacob Raines</u>	Latitude: <u>30° 38' 29.46"</u> Longitude: <u>088° 28' 9.90"</u>
Mailing Address: <u>20582 Baria Road</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Miss Point, Ms 39562</u>	USGS quad _____, <input checked="" type="checkbox"/> SW <input checked="" type="checkbox"/> NE 1/4, Sec <u>3</u> , T <u>5S</u> , R <u>5W</u>
City _____ State _____ Zip Code _____	<u>1 1/2</u> Miles <u>SE</u> of <u>Hurley</u>
Telephone No. <u>(228) 369-1711</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 2/8/19 Date drilling completed: 2/8/19 Hole depth: 60 FT Hole diameter: 2"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 drilling 2 gal in well

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable) Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 5 feet [above or below] land surface Date measured: 2/8/19

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 60 FT 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: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 50 feet to 60 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet

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

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 #:	059H255
Aquifer:	_____

County:	Jackson
Permit #:	_____
Driller:	East Water Wells Svc.
Date completed:	2/8/19
<i>Copy information from block on Part 1</i>	

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>Jacob Raines</u>	Latitude: <u>30° 38' 29.46"</u> Longitude: <u>088° 28' 9.90"</u>
Mailing Address: <u>20582 Baria RD.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Miss Point, Ms 39562</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 NE 1/4, Sec 3 T 5S R 5W</u>
Telephone No. <u>601 369-1711</u>	<u>1 1/2</u> Miles <u>SE</u> of <u>Hudley</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well <input checked="" type="radio"/> Jet <input type="radio"/> Piston Rotary Other (describe): _____	
Date Pump Installed: <u>2-8-19</u>	Rated Pump Capacity: <u>10.5</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	

Power Type (circle one)	
<input checked="" type="radio"/> Electric <input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (describe): _____	
Horse Power Rating of Motor: <u>1HP</u>	Setting Depth: <u>20 FT DP</u> feet Number of Stages: <u>2</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>2-8-19</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>5</u> Feet Below Land Surface	Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Test Pumping Rate: <u>105</u> Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape <input checked="" type="radio"/> Air line Other (describe): _____	

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet.	<u>N/A</u>
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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>Jack Ridgell 0-472</u>	<u>2/11/19</u>
Print Name of Pump Installer and License No. (if applicable)	Date
	<u>[Signature]</u> Signature of Pump Installer