

STATE WELL REPORT

37

County: Jackson
Permit #: _____
Driller: Mike
Date drilling completed: 05/21/19

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

For Office Use Only:
Well #: H257
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Corey Diaz</u>	Latitude: <u>30°33'40"N</u> Longitude: <u>88°29'24"W</u>
Mailing Address: <u>PO BOX 791</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Hurley</u> City <u>MS</u> State <u>39555</u> Zip Code	<u>SE</u> ¼ <u>SW</u> ¼, Sec. <u>33</u> T. <u>5S</u> R. <u>5W</u>
Telephone No. () _____	<u>0.22</u> Miles <u>South</u> of <u>Hurley</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 05/21/19 Date drilling completed: 05/21/19 Hole depth: 88 Hole diameter: 7 1/4
Location of the source of any surface water used for drilling: None
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): 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 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: 10 feet above or below land surface Date measured: _____
Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
Well depth: 88 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length: 78 feet Casing diameter: 4 inches Type of casing: SCH 40
Screen length: 10 feet Screen diameter: 4 inches Type of screen: WRAP
Screen slot size: .06 inches Setting depth: From 78 feet to 88 feet
Type of completion (check all applicable) gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Length of lap pipe or reduction in casing: _____ 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 #: H257
Aquifer: _____

County: Jackson
Permit #: _____
Driller: Mike
Date completed: 05/22/19
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>Corey Diaz</u>			Latitude: <u>30° 33' 46" N</u> Longitude: <u>88° 29' 24" N</u>		
Mailing Address: <u>PO BOX 791</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Hurley</u> City	<u>MS</u> State	<u>39555</u> Zip Code	_____ 1/4 _____ 1/4, Sec <u>33</u> T <u>5S</u> R <u>5W</u>		
Telephone No. (____) _____			<u>6.22</u> Miles <u>South</u> of <u>Hurley</u> (Distance) (Direction) (Nearest Town)		

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 05/22/19 Rated Pump Capacity: 18 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 1 Setting Depth: 60 feet Number of Stages: 8

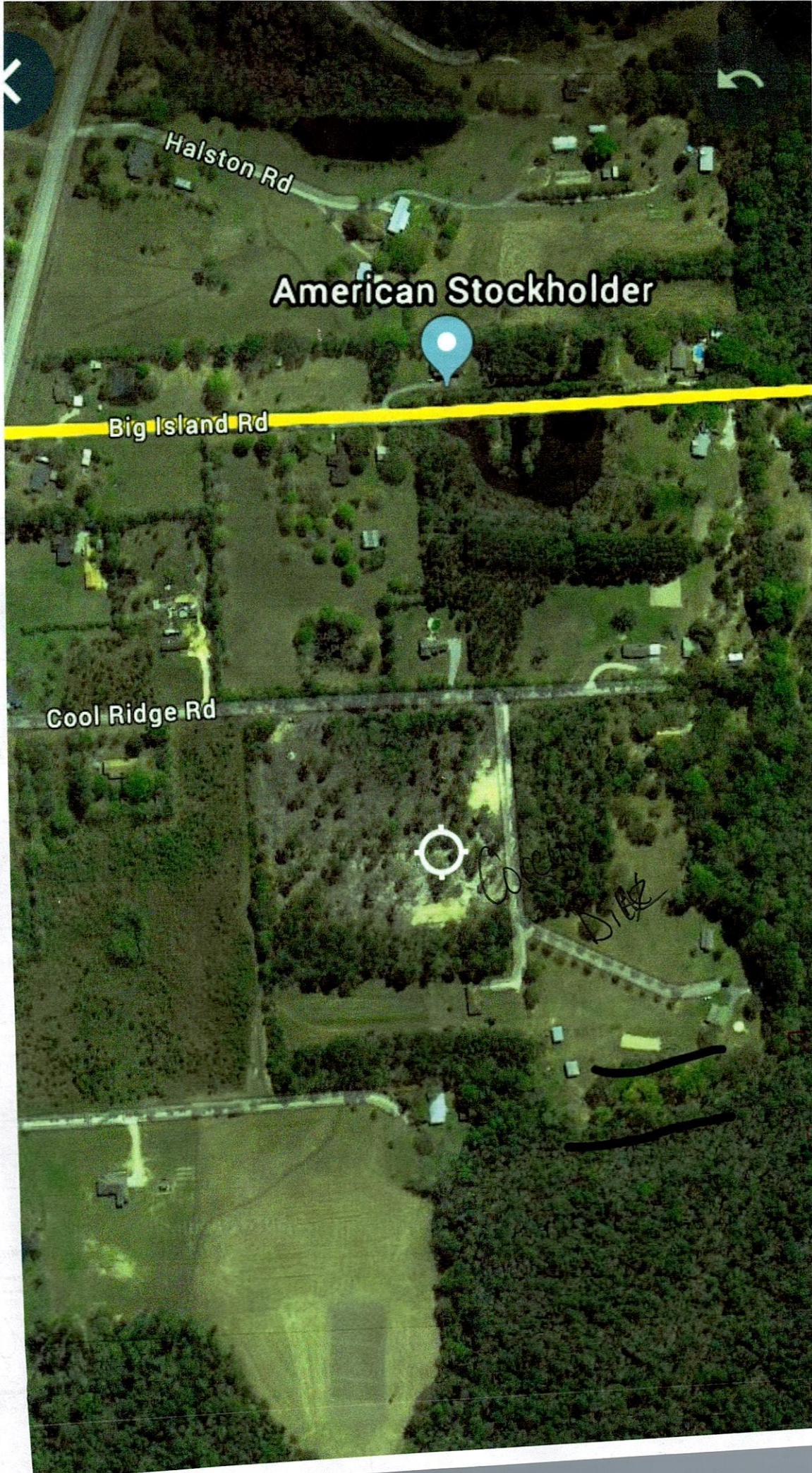
Pump Test Data for Non Flowing Well
Date Well Tested: 05/22/19 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 18 Feet Below Land Surface
Drawdown [(B) - (A)]: 8 Feet Below Land Surface Test Pumping Rate: 30 Gallons Per Minute
Method of measurement (check 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 (check 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.
Michael R Fryfigler 0408 06/18/19 Michael R Fryfigler
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



Halston Rd

American Stockholder

Big Island Rd

Cool Ridge Rd

Cohen
D. B.

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