

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. Pient
Date drilling completed: 5-15-15

For Office Use Only:
Aquifer: _____
Well #: K 790
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>Daniel Dillite</u>	Latitude: <u>30° 30' 30"</u> Longitude: <u>88° 40' 8"</u>
Mailing Address: <u>11347 Range Bayou</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vancleave MS 39562</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>11W 11W 1/4 Sec 26 22 15 Rng 7W</u>
Telephone No. <u>228 229-3800</u>	Distance Direction Nearest Town
	<u>4 Miles NE of Vancleave, MS</u>

Well / Borehole Data

Date drilling started: 3-14 Date drilling completed: 5-15-15 Hole depth: 120 Hole diameter: 4

Location of the source of any surface water used for drilling: Aquifer on F
Method of dosing and volume of Chlorine used in drilling and development: 2oz water 4gal bleach

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: 5-15-15

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 10 inches Setting depth: From 0 feet to 120 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) RECEIVED

MAY 18 2015

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 #: K790
 Elevation: _____

County: Jackson
 Permit #: 0-780
 Driller: J. Pierce
 Date completed: 5-15-15
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>Daniel Pullette</u>	Latitude: <u>30 30 30</u> Longitude: <u>88-40-8</u>
Mailing Address: <u>11347 Pine Bayou</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vanderleau MS 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 22 T 65 R 7W</u>
Telephone No. <u>(228) 229-3800</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NE</u> of <u>Vanderleau, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 hp</u>
Date Pump Installed: <u>5-15-15</u>	Setting Depth: <u>40 drop pipe</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-15-15</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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 P. **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer MAY 18 2015

Form: OLWR-SWR-1C (07-09)
BY: OLWR