

# 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 #: F18  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jasper  
Permit #: \_\_\_\_\_  
Driller: D. Cain  
Date drilling completed: 4-19-2016

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>Charles D. Green</u>	Latitude: <u>32° 3' 10"</u> Longitude: <u>89° 2' 39"</u>
Mailing Address: <u>2516 Hwy 18 East</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Louisa</u> <u>MS</u> <u>39338</u>	<u>SE 1/4 SW 1/4</u> Sec <u>36</u> Twn <u>3-N</u> Rng <u>11-E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 550-1323</u>	<u>10</u> Miles <u>East</u> of <u>Bay Springs MS</u>

**Well / Borehole Data**

Date drilling started: 13th Date drilling completed: 14th Hole depth: 390 Hole diameter: 4

Location of the source of any surface water used for drilling: Comm. Water System

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 120 feet above or below (circle one) land surface Date measured: 16th

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

Well depth: 390 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 300 feet to 340 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: 280 feet. *If telescoped or more than one screen, describe on next page*

MS Water Well Drilling  
0-374

Form: OLWR-SWR-1A (04/08)  
*[Signature]* Received

APR 27 2016

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)

County: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: D. Cain  
 Date completed: 4-19-2016  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F18  
 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>Charles D. Green</u>	Latitude: <u>32° 3' 10"</u> Longitude: <u>89° 7' 39"</u>
Mailing Address: <u>2516 Hy 18 East</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Louisa</u> <u>MS</u> <u>39239</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>S</u> $\frac{1}{4}$ <u>W</u> $\frac{1}{4}$ Sec. <u>36</u> T. <u>3-N</u> R. <u>11-E</u>
Telephone No. <u>(601) 550-1323</u>	SE SW Direction Nearest Town
	<u>10</u> Miles <u>East</u> of <u>Bay Springs MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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): <u>DB</u>	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>4-18-2016</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-18-2016</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>60</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Mc Water Well Drilling 0374 Adrian Cain 4-22-2016  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**Received**  
 Form: OLWR-SWR-1B (04/08)

APR 27 2016  
 By OLWR



