

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: J55
Aquifer: _____
E-Log #: _____

County: Jasper
Permit #: _____
Driller: David Cain
Date drilling completed: 9-30-2016

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Keith Sims</u>	Latitude: <u>32° 2' 11.27"</u> Longitude: <u>89° 15' 5.23"</u>
Mailing Address: <u>299 Cr 1537</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay Springs Ms 39422</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>601 670 6881</u>	<u>SW 1/4 West 2 T 21N R 10E</u> 1/4 Sec 2 T 21N R 10E
	<u>6</u> Miles <u>N/E</u> of <u>Bay Springs Ms</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9/28 Date drilling completed: 9/30 Hole depth: 110 Hole diameter: 4
 Location of the source of any surface water used for drilling: Comm. well
 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 (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): Chicken Farm
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 40 feet [above or below] land surface Date measured: 9-30
(circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Staring
 Well depth: 110 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: #10 inches Setting depth: From 100 feet to 110 feet
 Type of completion (circle all applicable): Gravel packed Underreamed 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

Ms water well Drilling 03-74 Nelson Cain 4-22-2016

Form: OLWR-SWR-1A (4/13)

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APR 27 2016
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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)

For Office Use Only:

Aquifer: _____
 Well #: 555
 Elevation: _____

County: Jasper
 Permit #: _____
 Driller: D. Cain
 Date completed: 3-30-2016
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>Keith Sims</u>	Latitude: <u>32° 2' 11.27"</u> Longitude: <u>89° 15' 52.3"</u>
Mailing Address: <u>299 CR 1537</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay Springs Ms 39422</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>N 1/4 W 1/4 Sec 2 T 21N R 10E</u>
Telephone No. <u>(601) 670 6701</u>	Distance Direction Nearest Town <u>6 Miles N/E of Bay Springs Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5hp</u>
Date Pump Installed: <u>3-29-2016</u>	Setting Depth: <u>105</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>3-29-2016</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>70</u> Gallons Per Minute	<u>30</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 0-374 Print Name of Pump Installer and License No. (if applicable) [Signature] Signature of Pump Installer

Received

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

APR 27 2016

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