

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: Jasper
Permit #: _____
Driller: Will Barlow
Date drilling completed: _____

For Office Use Only:
Aquifer: _____
Well #: K66
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>Nick McNeal</u>	Latitude: <u>31.58 12N</u> Longitude: <u>89.11 59W</u>
Mailing Address: <u>1217 Hwy 528</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Bay Springs, MS 39422</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 32 Twn 2N Rng 11E</u>
Telephone No. (601) <u>670-5483</u>	Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>Bay Springs</u>

Well / Borehole Data

Date drilling started: 1-5-15 Date drilling completed: 1-30-15 Hole depth: 900 Hole diameter: 6.5

Location of the source of any surface water used for drilling: Public Supply RECEIVED

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: AUG 01 2017

Name of organization running log(s): DEQ

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump OLWR

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: Poultry

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

Static Water Level: 185 feet above or below (circle one) land surface Date measured: 1-30-15

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

Well depth: 850 Well grouted to a depth of 60 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 600 feet Casing diameter: 5 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: SS wrap

Screen slot size: 008 inches Setting depth: From 830 feet to 850 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*

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STATE WELL REPORT

AUG 01 2017

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)

County: Josper
 Permit #: _____
 Driller: Will Barlow
 Date completed: 1-30-15
Copy information from block on Part 1

For Office Use Only:
 Well #: WR K66
 Aquifer: _____

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>Nick McNeal</u>			Latitude: <u>31 58 12 N</u> Longitude: <u>89 11 59</u>		
Mailing Address: <u>1217 Hwy 528</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Bay Springs</u> State: <u>MS</u> Zip Code: <u>39422</u>			USGS quad: <u>SW 1/4 NW 1/4, Sec 32 T2N R1E1</u>		
Telephone No. (601) <u>670-5483</u>			<u>5</u> Miles <u>E</u> of <u>Bay Springs</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 1-30-15 Rated Pump Capacity: 55 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 5 Setting Depth: 300 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: 1-30-15 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 185 Feet Below Land Surface Pumping Water Level (B): 210 Feet Below Land Surface
 Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute
 Method of measurement (circle 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 (circle 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.
Arnold Fincher Jr 0560 2-3-15
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer