

**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: Lain  
Date drilling completed: 3-25-2015

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K68  
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.*

<p align="center"><b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Jim McAnin</u> Mailing Address: <u>398 CR 27</u> <u>Day Springs MS 39422</u> City State Zip Code Telephone No. <u>(601) 670 5855</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 59' 30"</u> Longitude: <u>89° 11' 00"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 SW 28</u> 1/4 Sec <u>28</u> Twn <u>2N</u> Rng <u>12W</u> 11E Distance Direction Nearest Town <u>6</u> Miles <u>N/E</u> of <u>Day Springs MS</u></p>
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**Well / Borehole Data**

Date drilling started: 3/18 Date drilling completed: 3/25 Hole depth: 480 Hole diameter: 4x2  
Location of the source of any surface water used for drilling: Community Well Water  
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: Chicken Farm  
If a flowing well, method of flow regulation: Valve Other (describe) \_\_\_\_\_  
Static Water Level: 180 feet above or below (circle one) land surface Date measured: 3-24-2015  
Method of Measurement (circle one) steel tape electric tape air line other: string  
Well depth: 480 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 450 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 30 feet Screen diameter: 2 inches Type of screen: PVC  
Screen slot size: #10 inches Setting depth: From 450 feet to 480 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: 400 feet. *If telescoped or more than one screen, describe on next page*

MS Water Well Drilling 4-17-2015  
0-374

Form: OLWR-SWR-1A (04/08)  
Nelson Lain

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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 #: K 68

Elevation: \_\_\_\_\_

County: Jasper

Permit #: \_\_\_\_\_

Driller: Cain

Date completed: 3-25-2015

*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>Jim McMinn</u>	Latitude: <u>31° 59' 30"</u> Longitude: <u>89° 11' 00"</u>
Mailing Address: <u>398 CR. 27</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay Springs</u> <u>MS</u> <u>39422</u>	USGS quad <u>SW 1/4 SW 28 T 2N R 12E</u>
City State Zip Code	Distance <u>6</u> Miles <u>N/E</u> Direction of <u>Bay Springs</u> Nearest Town <u>MS</u>
Telephone No. <u>(601) 670 5855</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <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"/>	<b>Electric Motor</b> <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>5hp</u>
Date Pump Installed: <u>3-24-2015</u>	Setting Depth: <u>300</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>3-24-2015</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>290</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>150</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>150</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</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.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Ms Water Well Drilling  
D-324

4-17-2015

Form: OLWR-SWR-1C (07-09)  
[Signature]

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