

JASPER

County: ~~JASPER~~
 Permit #: _____
 Driller: J. Park
 Date drilling completed: 9-2-11

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 #: N6K
 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>JAMES MCCARTHY</u>	Latitude: <u>31° 53' 22" N</u> Longitude: <u>89° 12' 47" W</u>
Mailing Address: <u>STRINGER MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>STRINGER MS 39481</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 25</u> Twn <u>1 N</u> Rng <u>10 E</u>
Telephone No. <u>(601) 670-0368</u>	Distance <u>6</u> Miles Direction <u>EAST</u> of Nearest Town <u>STRINGER MS</u>

Well / Borehole Data

Date drilling started: 8-26-11 Date drilling completed: 9-2-11 Hole depth: 230' Hole diameter: 4"

Location of the source of any surface water used for drilling: HOME WATER

Method of dosing and volume of Chlorine used in drilling and development: 3 gals.

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): DEQ

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: 80 feet above or below (circle one) land surface Date measured: 9-1-11

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

Well depth: 230' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 210' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 210 feet to 230 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)

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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 #: N66
 Elevation: _____

County: JASPER
 Permit #: _____
 Driller: J Parker
 Date completed: _____
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>JAMES MCCARTY</u>	Latitude: <u>31.5322°N</u> Longitude: <u>89.1347°W</u>
Mailing Address: <u>STRINGER MS.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>MS</u> City <u>39481</u> Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. () _____	<u>SE 1/4 SW 1/4 Sec 25 T 1N R 10E</u>
	Distance _____ Miles Direction <u>EAST</u> of Nearest Town <u>STRINGER MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9-1-11</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>21</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-2-11</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>80'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>42</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</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.

JOHN R PARKER John R. Parker
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer