

# 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: D. Cain  
Date drilling completed: 4-25-2016

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: R 53  
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>Brendan Gunter</u>	Latitude: <u>31° 48' 30"</u> Longitude: <u>89° 18' 41"</u>
Mailing Address: <u>241 County Rd. 7</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>5050</u> <u>MS</u> <u>39480</u>	USGS quad, <u>N 1/4 10 1/4 Sec 21 Twn 10-N Rng 13-W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 467-2280</u>	<u>3</u> Miles <u>West</u> of <u>Stringer MS</u>

Well / Borehole Data

Date drilling started: 4-25 Date drilling completed: 4-25 Hole depth: 100 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: 15 feet above or below (circle one) land surface Date measured: 28th

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 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 90 feet to 100 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*

Mk Water Well Drilling 0-374 D. Cain Form: OLWR-SWR-1A (04/08) 5-26-2016  
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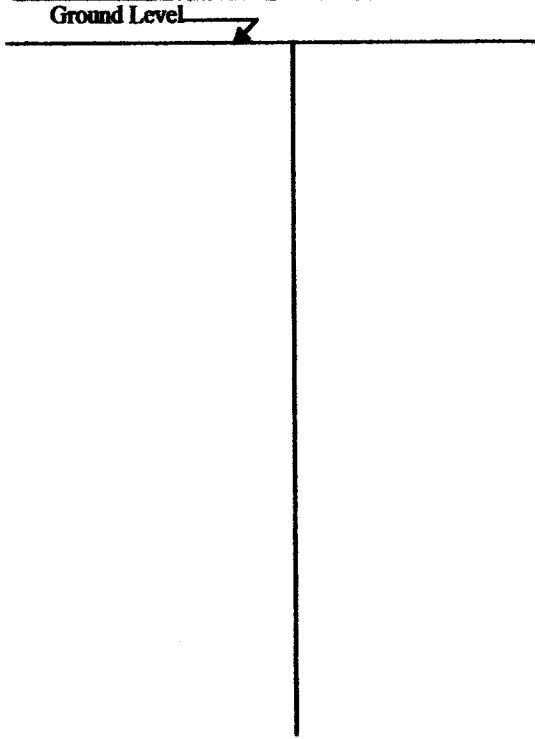
By OLWR

R 59

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

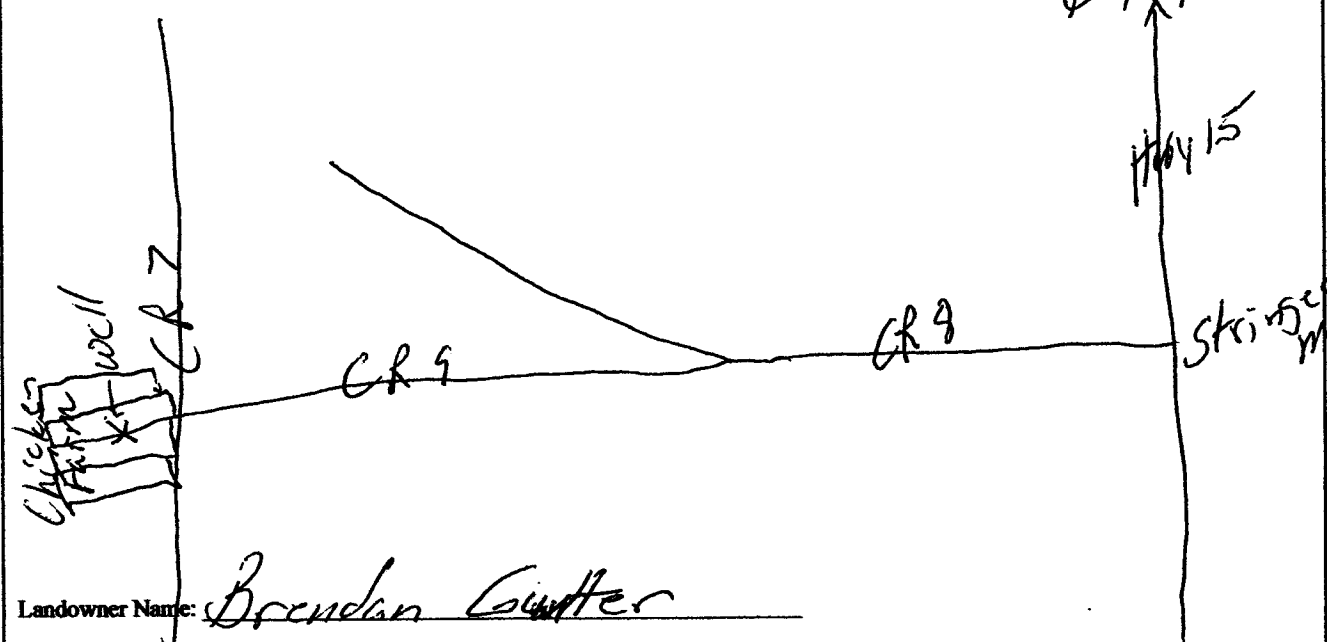
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top Soil & Clay Sand	Ground Level	20
	20	100

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Water Well Policy 5-26-2016 **Received**  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee      JUN 02 2016  
 0-374

**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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B53  
 Elevation: \_\_\_\_\_

County: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: D. Cain  
 Date completed: 4-25-2016  
 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>Brendan Gunter</u>	Latitude: <u>31° 47' 30"</u> Longitude: <u>89° 19' 41"</u>
Mailing Address: <u>241 County Rd 7</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____ <u>N 1/4 W 1/4 Sec 21 T 10 N R 13 W</u>
<u>5050 Ms 39480</u> City State Zip Code	Distance Direction Nearest Town <u>3 Miles west of Stringer Ms</u>
Telephone No. <u>(601)-467-2280</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>28th</u>	Setting Depth: <u>98'</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>28th</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>65</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>65</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.

Ms Water Well Drilling      D. Cain  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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5-26-2016  
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Form: OLWR-SWR-1B (04/08)

JUN 02 2016

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