

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: A132
Aquifer: _____
E-Log #: _____

County: Jones
Permit #: _____
Driller: David Cain
Date drilling completed: 7/31/2017

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>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Edward Coshy Jr.</u> Mailing Address: <u>2192 Hwy 28 West</u> <u>Taylorville MS 39168</u> City State Zip Code Telephone No. <u>(601) 506-6188</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 47' 50"</u> Longitude: <u>89° 20' 44"</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NE 1/4 to NW 1/4, Sec. 31 N T 10 N R 13 W</u> <u>4</u> Miles <u>NW</u> of <u>Soso MS</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 7/30 Date drilling completed: 7/31 Hole depth: 73' Hole diameter: 4"
Location of the source of any surface water used for drilling: Comm. water
Method of dosing and volume of Chlorine used in drilling and development: 1 gal. bleach to 1000 gal. water
Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: NO
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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 15 feet above or below land surface Date measured: 7-31-2017
(check one)
Method of measurement (check one) Steel tape Electric tape Air line Other (describe): string
Well depth: 73 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix
Casing length: 63 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 63 feet to 73 feet
Type of completion (check 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

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

For Office Use Only:

Well #: A132

Aquifer: _____

County: Jones
 Permit #: _____
 Driller: David L. Cain
 Date completed: 7-31-2017
 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>Edward Crosby Jr.</u>	Latitude: <u>31°47'50"</u> Longitude: <u>89°20'44"</u>
Mailing Address: <u>2192 Hwy 28 West</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Taylorville</u> <u>Ms</u> <u>39168</u>	<u>NE</u> 1/4 <u>NW</u> 1/4, Sec <u>31</u> T <u>10N</u> R <u>13W</u>
City State Zip Code	<u>4</u> Miles <u>NW</u> of <u>5090 Ms</u>
Telephone No. <u>(601) 506-6168</u>	(Distance) (Direction) (Nearest Town)

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7-31-2017 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1 hp Setting Depth: 70 feet Number of Stages: 6

Pump Test Data for Non Flowing Well

Date Well Tested: 7-31-2017 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): 30 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 13 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): string

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 13 GPM with a drawdown of 15 feet after 6 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 (check 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.

Southern Ms Water Well Drilling 8-28-2017 David L. Cain

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

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RECEIVED
 AUG 31 2017
 CIVIL ENGINEER

