

13-17

STATE WELL REPORT

Part I

Driller's Log

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225-2309

(601)360-5210

(601)360-0535 (fax)

For Office Use Only:

Well #: N125

Aquifer: _____

E-Log #: _____

County: Jones

Permit #: _____

Driller: A. D. Wray Sr. Inc.

Date drilling completed: 4-13-17

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.

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Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Jeff Troyka</u>		Latitude: <u>31.4797°</u>	Longitude: <u>-89.3063</u>
Mailing Address: <u>37 Fernwood Dr.</u>		<u>31-28-47</u>	<u>89-18-23</u>
<u>Laurel</u>	<u>MS</u>	Method of Lat/Long (check one): Conventional Survey _____	
City	State	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. <u>(601) 433-4371</u>	Zip Code <u>39440</u>	<u>NE 1/4 SW 1/4, Sec 16 T 16N R 13W</u>	
		<u>± 2</u> Miles <u>SW</u> of <u>Moselle</u>	
		(Distance)	(Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>4-11-17</u>	Date drilling completed: <u>4-13-17</u>
Hole depth: <u>40'</u>	Hole diameter: <u>6 3/4"</u>
Location of the source of any surface water used for drilling: <u>Office</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorox</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>	
Other (describe): <u>Camp</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>28</u> feet [above or <input checked="" type="checkbox"/> below] land surface	Date measured: <u>4-13-17</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Sonic</u>	
Well depth: <u>40</u> Well grouted to a depth of: <u>12</u> feet	Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix <input type="checkbox"/>
Casing length: <u>35</u> feet	Casing diameter: <u>4</u> inches
Screen length: <u>5</u> feet	Screen diameter: <u>4</u> inches
Screen slot size: <u>.006</u> inches	Setting depth: From <u>35</u> feet to <u>40</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Development <input type="checkbox"/>	
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 #: N125
 Aquifer: _____

County: Jones
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc
 Date completed: 4-13-17
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.

RECEIVED
 APR 13 2017
 BY OLWR

Well Owner Information			Well Location <u>89-B-23</u>	
Owner Name: <u>Jeff Troyka</u>			Latitude: <u>31.4797°</u>	Longitude: <u>-89.3063°</u>
Mailing Address: <u>37 Fernwood Dr.</u>			Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Laurel</u> State: <u>Ms.</u> Zip Code: <u>39440</u>			USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. <u>(601) 433-4371</u>			<u>NE 1/4 SW 1/4</u> Sec <u>16</u> T. <u>6N</u> R. <u>13W</u> <u>+ 2</u> Miles <u>SW</u> of <u>Moselle</u> (Distance) (Direction) (Nearest Town)	

Pump Type (circle one)

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

Date Pump Installed: 4-13-17 Rated Pump Capacity: 7 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: 1/2 Setting Depth: 34 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 28 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

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

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic

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.

Mike Baughman 587 4-13-17 Mike Baughman
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)