

#2  
WCI

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: R. Cain  
 Date drilling completed: 6-10-13

**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 #: Q45  
 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>Peggy Lewis</u> Mailing Address: <u>3914 Hwy 15</u> <u>South</u> <u>Overt MS 39464</u> City State Zip Code Telephone No. <u>(601) 344-3006</u>	Latitude: <u>31° 27' 50"</u> Longitude: <u>89° 01' 14"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>20</u> Twn <u>6N</u> Rng <u>10W</u> Distance Direction Nearest Town <u>2</u> Miles <u>South</u> of <u>DUCH MS</u>

**Well / Borehole Data**

Date drilling started: 4<sup>th</sup> Date drilling completed: 10<sup>th</sup> Hole depth: 430 Hole diameter: 4"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 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: 75 feet above or below (circle one) land surface Date measured: 6-9-13

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

Well depth: 430 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 380 feet to 430 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: 360 feet. *If telescoped or more than one screen, describe on next page*

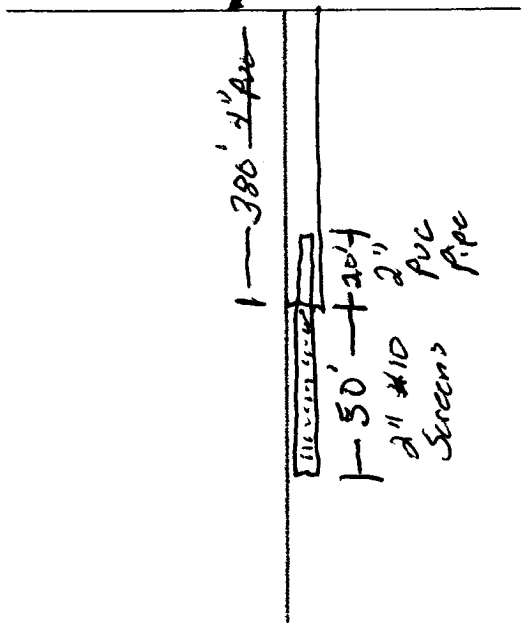
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.  
Ground Level →

Well #2



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

Description of Formations Encountered	From (depth)	To (depth)
TOP Soil	Ground Level	10
Sand	10	60
Clay	60	120
Sand	120	140
Clay	140	380
Sand	380	430

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.

*Google Map Attached*

Landowner Name: Peggy Lewis

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.

Ms Water Well Driller 6-28-13 *Randall*  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee  
 0-374

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Well #2

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: R. Conner  
 Date completed: 6-10-13  
*Copy information from block on Part 1*

### 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 #: Q45  
 Elevation: \_\_\_\_\_

*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>Reggy Lewis</u>	Latitude: <u>31° 27' 50"</u> Longitude: <u>89° 01' 14"</u>
Mailing Address: <u>3714 Hwy 15</u> <u>South</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>Ovett MS 39464</u> City State Zip Code	USGS quad <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 344 3006</u>	<u>5</u> 1/4 <u>E</u> 1/4 Sec. <u>20</u> T. <u>6N</u> R. <u>10W</u>
	Distance <u>2</u> Miles Direction <u>North</u> of Nearest Town <u>Ovett MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	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"/>	<u>Electric Motor</u> <input 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>5</u>
Date Pump Installed: <u>6-9-13</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>6-9-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>15</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 \_\_\_\_\_

Form: OLWR-SWR-1C (07-09)

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