

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
(601)961-5210
(601)961-5228 (fax)

County: Jones
Permit #:
Driller: Cain
Date drilling completed: 4-17-2015

For Office Use Only:
Aquifer:
Well #: Q46
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)
Owner Name: Kenneth Hollingshead
Mailing Address: 94 Lower Overt Rd
City: Overt MS Zip Code: 39464
Telephone No.: 601-344-0009
Well or Borehole Location
Latitude: 31° 28' 20" Longitude: 89° 01' 47"
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS
USGS quad: SE 1/4 NE 1/4 Sec 19 Twn 6N Rng 10W
Distance: 1 Miles Direction: South of Nearest Town: Overt MS

Well / Borehole Data
Date drilling started: 4/13 Date drilling completed: 4-17 Hole depth: 315 Hole diameter: 4x2
Location of the source of any surface water used for drilling: Community Water Well
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 X 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: 40 feet above (or below) land surface Date measured: 4-16-2015
Method of Measurement (circle one) steel tape electric tape air line other: String
Well depth: 315 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 265 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 265 feet to 315 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: 245 feet. If telescoped or more than one screen, describe on next page

MS Water Well Drilling 4-20-2015 0-374 [Signature]

RECEIVED
APR 23 2015
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 #: Q46
 Elevation: _____

County: Jones
 Permit #: _____
 Driller: Coner
 Date completed: 4-17-2015
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>Kenneth Hollingshead</u>	Latitude: <u>31° 28' 20"</u> Longitude: <u>89° 01' 47"</u>
Mailing Address: <u>94 Lowc Over Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Over MS 39464</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>N 1/4 W 1/4 Sec 19 T 6N R 10W</u>
Telephone No. <u>(601) 344-0009</u>	Distance Direction Nearest Town <u>1 Miles South of Over MS</u>

Pump Type	Power Type
Air Lift <input type="radio"/> Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4-16-2015</u>	Setting Depth: <u>120</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
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>40</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>40</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>40</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.
MS Water Well Drilling Melvin Lane
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

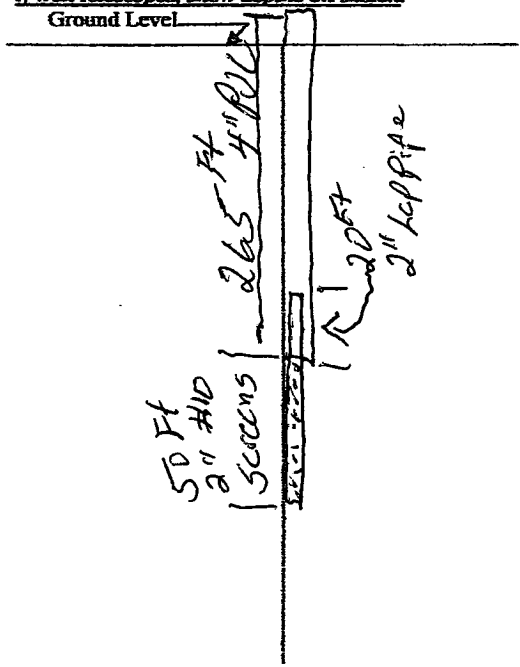
0-374 4-20-2015 Form: OLWR-SWR-1C (07-09)

RECEIVED
 APR 23 2015
 BY: OLWR

Q46

The sketch below only required for water wells

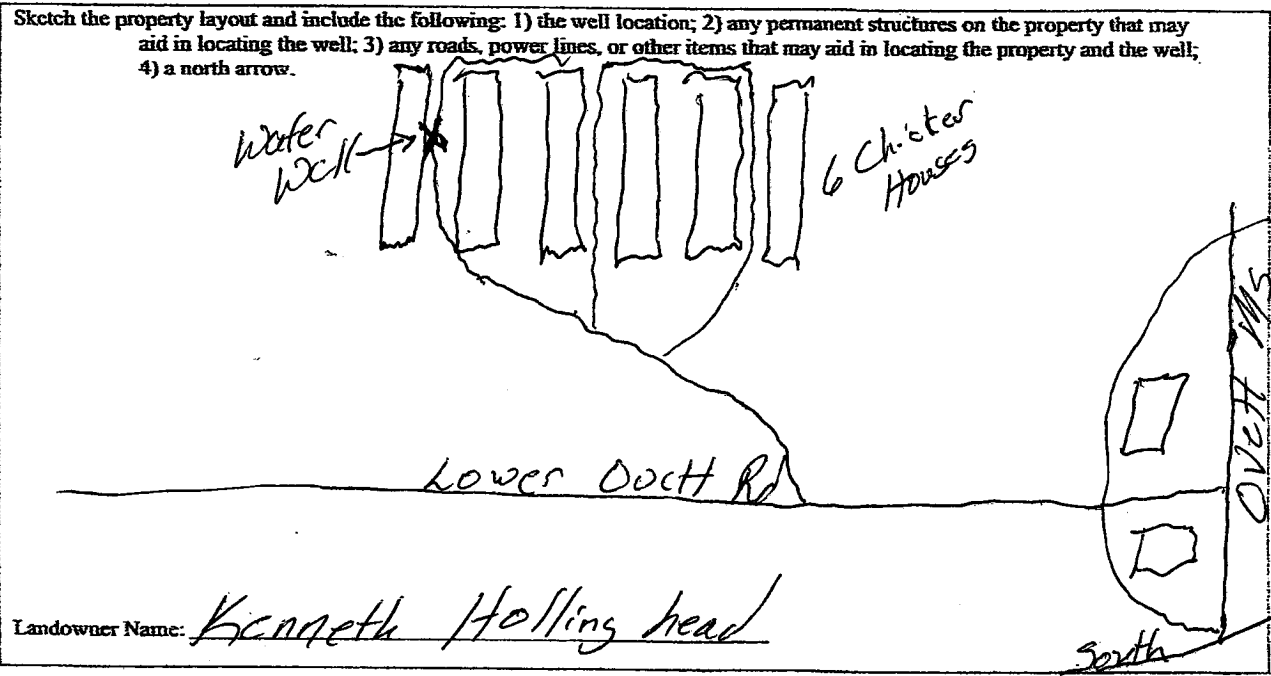
If well telescopes, show depths on sketch



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
Clay	10	40
Sand	40	200
Clay	200	265
Sand	265	315

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



Landowner Name: Kenneth Hollinghead

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 Drilling 4-20-2015 [Signature]

Print Name of Responsible Licensee and License No. 0-374 Date 4-20-2015 Signature of Licensee [Signature]

RECEIVED

APR 23 2015

BY: OLWR

Handwritten note: Hwy 55 South of Laurel MS