

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

County: Lamar
 Permit #: _____
 Driller: James M. Wells
 Date drilling completed: 5.30.18

For Office Use Only:
 Well #: D206
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Bert Williamson</u> Mailing Address: _____ <u>22 Keystone Dr. Suite A</u> <u>Hattiesburg MS 39402</u> City State Zip Code Telephone No. (____) _____	Well or Borehole Location Latitude: <u>31° 19.59N</u> Longitude: <u>89° 29.07W</u> <u>31-19-59</u> <u>89-29-07</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE ¼ SE ¼, Sec 3 T 4N R 15W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
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Well / Borehole Data
 Date drilling started: 5.30.18 Date drilling completed: 5.30.18 Hole depth: 100 Hole diameter: 7 1/2"
 Location of the source of any surface water used for drilling: running creek
 Method of dosing and volume of Chlorine used in drilling and development: granule chlorine
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

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BY OLWR

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Casing only
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 55 feet [above or below] land surface Date measured: 5.30.18
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 100 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .008 inches Setting depth: From 80 feet to 100 feet
 Type of completion (circle 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)

County: Lamar
 Permit #: _____
 Driller: James M. Wells
 Date completed: 5-30-18
Copy information from block on Part 1

For Office Use Only:

Well #: D 206
 Aquifer: _____

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>Bert Williamson</u>	Well Location: <u>31-19-59 89-29-07</u>
Mailing Address: _____	Latitude: <u>31°19.59N</u> Longitude: <u>89°29.07W</u>
<u>22 Keystone Dr. Suite A</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Hattiesburg MS 39402</u>	<u>SE ¼ SE ¼, Sec 3 T 4N R 15W</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (circle one)

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

Date Pump Installed: Casing only Rated Pump Capacity: _____ 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: _____ Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well

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

Static Water Level (A): _____ 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): _____

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: RECEIVED

Meter Model Number/Name: _____ Type of Meter: AUG 06 2018

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: BY OLWR

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.

James M. Wells 00005889 7-30-18 James M. Wells
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Casing only