

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)

For Office Use Only:

Well #: L77
Aquifer: _____
E-Log #: _____

County: Lawrence

Permit #: _____

Driller: James M. Wells

Date drilling completed: 8-8-16

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)	Well or Borehole Location
Owner Name: <u>Richard Little</u>	Latitude: <u>31°27.947</u> Longitude: <u>89°57.731</u> <u>31-27-57</u> <u>89-57-44</u>
Mailing Address: _____ <u>263 SW Daniels Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Oakvale</u> <u>MS</u> <u>39656</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>43</u> ²⁴ T <u>6N</u> R <u>20W</u>
City State Zip Code	_____ Miles <u>N</u> of <u>Oakvale</u> <u>20W</u> (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data	
Date drilling started: <u>8-8-16</u> Date drilling completed: <u>8-8-16</u> Hole depth: <u>110</u> Hole diameter: <u>7 1/2"</u>	
Location of the source of any surface water used for drilling: <u>running creek</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</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 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) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>30</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>8-8-16</u> (circle one)	
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____	
Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>90</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>90</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	

If telescoped or more than one screen, describe on next page

Casing only

NOV 03 2016

BY OLWR

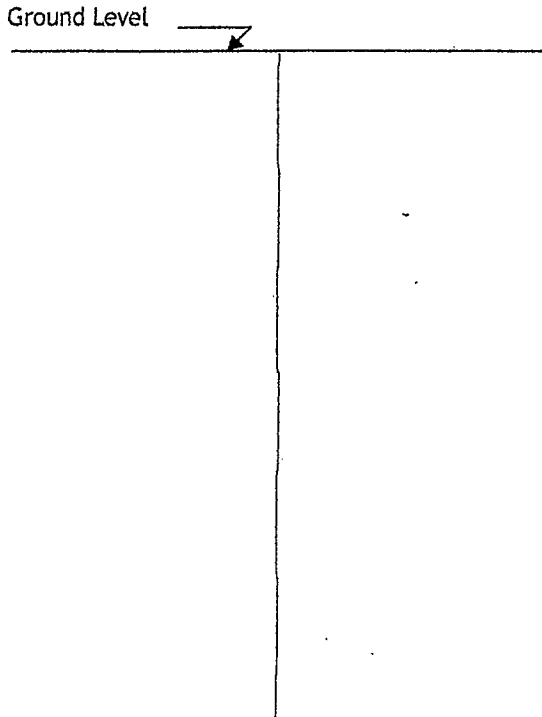
Form: OLWR-SWR-1A (4/13)

County: Lawrence
 Permit #: _____

For Office Use Only:
 Well #: L77

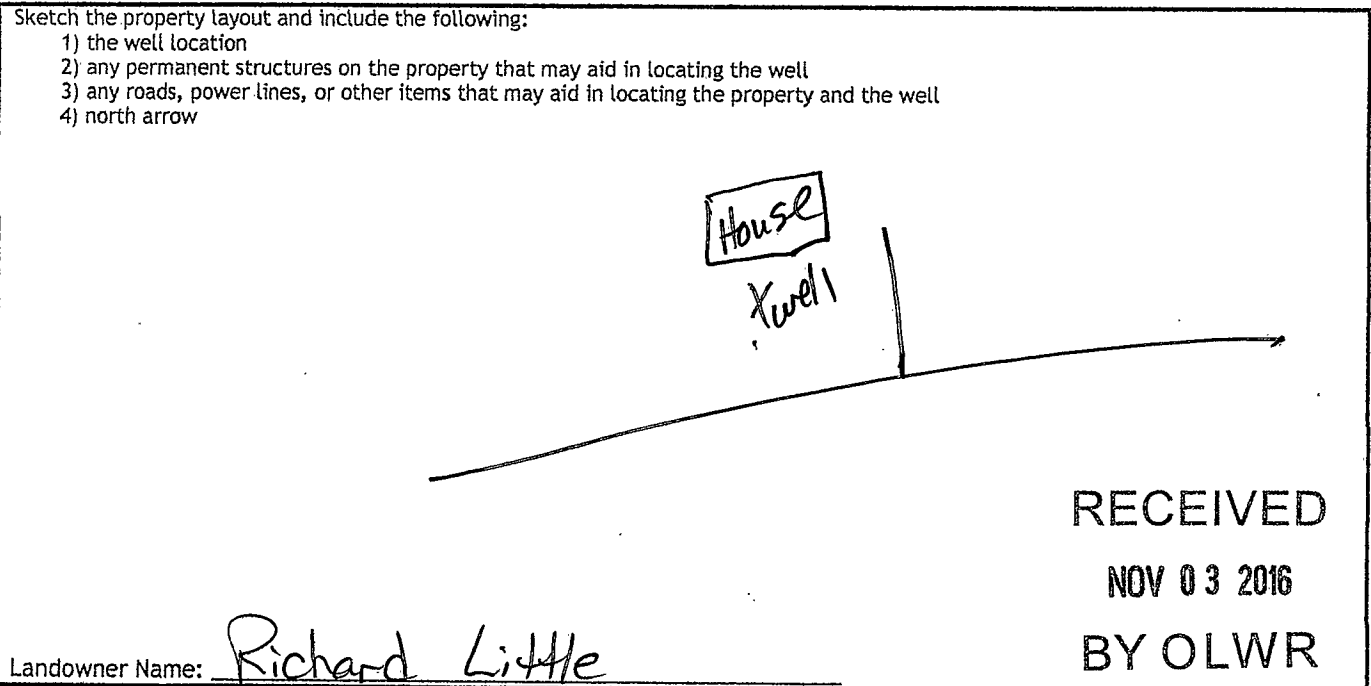
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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)
topsoil	Ground level	1
clay	1	75
sand	75	110

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



I HEREBY 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.

James M. Wells 00005889 10-31-16 James M. Wells
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Lawrence
 Permit #: _____
 Driller: James M. Wells
 Date completed: 8-8-16
Copy information from block on Part 1

For Office Use Only:

Well #: L77
 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>Richard Little</u>	Latitude: <u>31° 27.947</u> Longitude: <u>89° 57.731</u>
Mailing Address: _____	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>263 SW Daniels Rd</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Oakvale</u> <u>MS</u> <u>39656</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec. <u>43</u> ²⁴ T. <u>6N</u> R. <u>20W</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>N</u> of <u>Oakvale</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement Casing only

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): _____ 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: _____

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

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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 10-31-16 James M. Wells
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Casing only