

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)

County: Hellore
Permit #: CW-50012 ✓
Driller: Chad Walker
Date drilling completed: 7/22/17

For Office Use Only:

Aquifer: _____
Well #: P 201
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Joe Collier</u>	Latitude: <u>33° 12' 46"</u> Longitude: <u>90° 21' 36"</u>
Mailing Address: <u>31845 Hellore CR 553</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Belzoni</u> MS <u>39038</u>	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>000</u> Twn <u>17N</u> Rng <u>04W</u>
City State Zip Code	Distance <u>6</u> Miles Direction <u>E</u> of Nearest Town <u>Morgan City</u>
Telephone No. () _____	
Well / Borehole Data	
Date drilling started: <u>7/22/17</u> Date drilling completed: <u>7/22/17</u> Hole depth: <u>105'</u> Hole diameter: <u>24"</u>	
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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: <u>AUG 04 2017</u>	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___ <u>OLWR</u>	
Seismic Survey ___ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home ___ Industrial ___ Public Supply <u>X</u> Irrigation ___ Fish Culture ___ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>27</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7/24/17</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>105</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>65</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1032</u> inches Setting depth: From <u>105</u> feet to <u>65</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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: Leflore
 Permit #: GW 50012
 Driller: Chad Mattox
 Date completed: 7/27/17
 Copy information from block on Part 1

For Office Use Only:

Well #: P201
 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>Joe Coker</u>	Latitude: <u>33-19-41</u> Longitude: <u>90-21-36</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>31845 Leflore CR-553</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Belzoni</u> <u>MS</u> <u>39038</u>	<u>SE</u> 1/4 <u>NW</u> 1/4, Sec <u>36</u> T <u>17N</u> R <u>02W</u>
City State Zip Code	<u>6</u> Miles <u>E</u> of <u>Morgan City</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: 7/27/17 Rated Pump Capacity: 900 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: 15 Setting Depth: 70 feet Number of Stages: 1

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: McCrometer Meter Serial Number: 15-05187

Meter Model Number/Name: M0306 Type of Meter: GW **RECEIVED**

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

Installation Date: 7/25/17 Meter installed by: Triple M Irrigation **AUG 04 2017**

Is This Meter (circle one): New Repaired Replacement

BY OLWR

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.

Chad H. Mattox GW-8243 7/27/17 Chad Mattox

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer