

STATE WELL REPORT

463

County: Lincoln
 Permit #: _____
 Driller: Greenwater well
 Date drilling completed: 7/10/19

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

well #: F 108
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Ronald Rushing</u>	Latitude: <u>31.5321</u> Longitude: <u>-90.5713</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>Jackson Liberty</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Brookhaven Ms 39601</u>	<u>SE</u> ^{SW} <u>1/4</u> ^{NE} <u>SW</u> <u>1/4</u> , Sec <u>35</u> T <u>7N</u> R <u>6E</u>
City State Zip Code	<u>2</u> Miles <u>W</u> of <u>Brookhaven</u>
Telephone No. <u>(601) 754-8502</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 7/10/19 Date drilling completed: 7/10/19 Hole depth: 68 Hole diameter: 2 1/2

Location of the source of any surface water used for drilling: mud pit + gravel pack

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): 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) _____

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

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 22 feet above or below land surface Date measured: 7/10/19

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 65 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0/0 inches Setting depth: From 55 feet to 65 feet

Type of completion (check 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)

For Office Use Only:

Well #: F 108
Aquifer: _____

County: Lincoln
Permit #: _____
Driller: Green water well
Date completed: 7/10/19
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>Ronald Rushing</u>	Latitude: <u>31.5321</u> Longitude: <u>-90.5713</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Jackson Liberty</u>	<u>S 85° 30' W</u> <u>1/4</u> Sec <u>35</u> T <u>7N</u> R <u>6E</u>
<u>Brookhaven MS 39601</u>	<u>7</u> Miles <u>W</u> of <u>Brookhaven</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 754-8502</u>	

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>7/10/19</u>	Rated Pump Capacity: <u>10</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>1/2</u>	Setting Depth: <u>60</u> feet Number of Stages: <u>9</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>7/10/19</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>22</u> Feet Below Land Surface	Pumping Water Level (B): <u>35</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Test Pumping Rate: <u>10</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> 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 (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jacob Lee 8325 7-10-19 Jacob Lee
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer