

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 #: 6580
Aquifer: _____
E-Log #: _____

County: Lincoln
Permit #: _____
Driller: _____
Date drilling completed: 2/9/17

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>Peggy McNeil</u>	Latitude: <u>31-53-N</u> Longitude: <u>-90.49W</u> <u>31-32-1A</u> <u>-90-29-29</u>
Mailing Address: <u>163 Hwy 84 W.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brookhaven, MS. 39601</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NW 1/4, Sec 3A T 7N R 7E</u>
Telephone No. <u>(225) 773-0919</u>	<u>0</u> Miles <u>SW</u> of <u>Brookhaven</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>2/18/17</u> Date drilling completed: <u>2/19/17</u> Hole depth: <u>110'</u> Hole diameter: <u>6"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</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 <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>N/A</u>
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) _____

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

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>44'</u> feet [above or below] land surface Date measured: <u>2/21/17</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>110'</u> Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>60</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>100</u> feet to <u>60</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: <u>0</u> feet

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

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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 #: 6580
 Aquifer: _____

County: Lincoln
 Permit #: _____
 Driller: _____
 Date completed: _____
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>Peggy McNeil</u>	Latitude: <u>31.53 N</u> Longitude: <u>-90.49 W</u>
Mailing Address: <u>163 HWY 84 W.</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> _____, Survey-grade GPS _____
<u>Brookhaven</u> <u>MS.</u> <u>39601</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4, Sec 34 T 7N R 7E</u>
Telephone No. <u>(228) 773-0919</u>	<input checked="" type="radio"/> Miles <u>SW</u> of <u>Brookhaven</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 2-22-17 Rated Pump Capacity: 10 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: 1/2 Setting Depth: 85 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 2-23-17 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 44 Feet Below Land Surface Pumping Water Level (B): 61 Feet Below Land Surface

Drawdown [(B) - (A)]: 17 Feet Below Land Surface Test Pumping Rate: 14 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

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.

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

Jim Robinson 0000-0660 2-24-17 Jim Robinson
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer