

STATE WELL REPORT

Part I

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 #: J29
Aquifer: _____
E-Log #: _____

County: Lincoln
Permit #: _____
Driller: Lynan Well
Date drilling completed: 4/22/17

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>Lyn Nguyen</u>	Latitude: <u>31° 36' 42.53" N</u> Longitude: <u>90° 17' 03.43" W</u>
Mailing Address: <u>3347 NOBARD RD NE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brookhaven</u> MS <u>39601</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW</u> <u>NE</u> <u>SE</u> <u>SW</u> , Sec. <u>3</u> T. <u>7N</u> R. <u>9E</u>
Telephone No. <u>(601) 754-2205</u>	<u>10</u> Miles <u>E</u> of <u>Brookhaven</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 4/22/17 Date drilling completed: 4/23/17 Hole depth: 500 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: NA

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): NA

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

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): chicken house

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

Static Water Level: 235 feet [above or below] land surface Date measured: 4/23/17
(circle one)

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

Well depth: 490 Well grouted to a depth of: 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 470 feet Casing diameter: 4 inches Type of casing: steel

Screen length: 20 feet Screen diameter: 3XS inches Type of screen: munipack

Screen slot size: .012 inches Setting depth: From 470 feet to 490 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

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BY OLWR

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: Lincoln
 Permit #: _____
 Driller: Lyman Wells
 Date completed: 4-22-17
Copy information from block on Part 1

For Office Use Only:

Well #: J29
 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>Lynn Nguyen</u>	Latitude: <u>31° 36' 42.53" N</u> Longitude: <u>90° 17' 03.43" W</u>
Mailing Address: _____ <u>3347 Nola Rd NE</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Brookhaven</u> <u>MS</u> <u>39601</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW</u> <u>1/4</u> <u>NE</u> <u>1/4</u> , Sec <u>3</u> T <u>7N</u> R <u>9E</u>
Telephone No. <u>(601) 754-2205</u>	<u>10</u> Miles <u>E</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: 4-22-17 Rated Pump Capacity: 65 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: 7 1/2 Setting Depth: 315 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 4-22-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 235 Feet Below Land Surface Pumping Water Level (B): 315 Feet Below Land Surface

Drawdown [(B) - (A)]: 275 Feet Below Land Surface Test Pumping Rate: 90 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: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): MAY 24 2017

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

1996

Not a road

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chicken farm #3

Imagery Date: 4/7/2016

31°36'44.26" N 90°17'04.16" W elev 405 ft

Go