

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 #: N58
Aquifer: _____
E-Log #: _____

County: Lincoln
Permit #: _____
Driller: James M. Wells
Date drilling completed: 3-15-16

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>Linh Hoang</u>	Latitude: <u>31°27.246</u> Longitude: <u>090°19.912</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS _____, Survey-grade GPS _____
<u>2531 Pleasant Grove Rd.</u>	USGS quad _____, Sec <u>30</u> T <u>6N</u> R <u>9E</u>
<u>Bogue Chitto MS 39629</u>	<u>15</u> Miles <u>E</u> of <u>Bogue Chitto</u>
City _____ State _____ Zip Code _____	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 730-5614</u>	

Well / Borehole Data
Date drilling started: <u>3-15-16</u> Date drilling completed: <u>3-15-16</u> Hole depth: <u>130</u> Hole diameter: <u>7 1/2"</u>
Location of the source of any surface water used for drilling: <u>water well</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="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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): <u>chicken house</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>75</u> feet [above or below] land surface Date measured: <u>3-15-16</u> (circle one)
Method of measurement (circle one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line Other (describe): _____
Well depth: <u>130</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>100</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30</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>100</u> feet to <u>130</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

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

Received

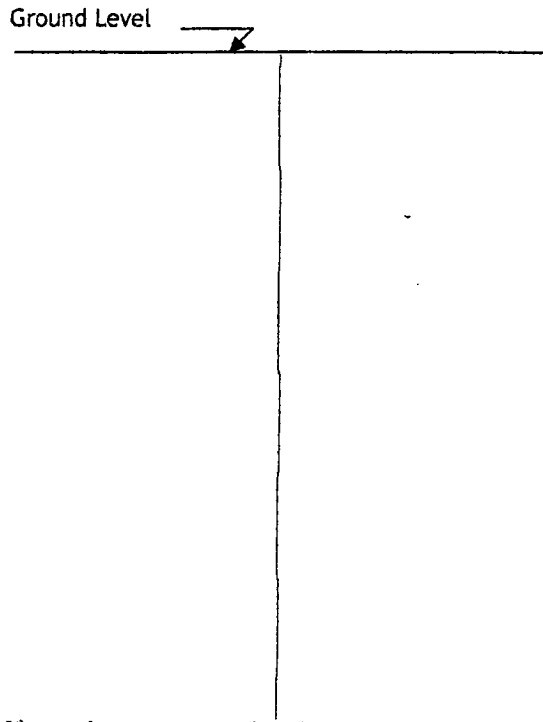
MAY 16 2016

By OLWR

County: Lincoln
Permit #: _____

For Office Use Only:
Well #: N58

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



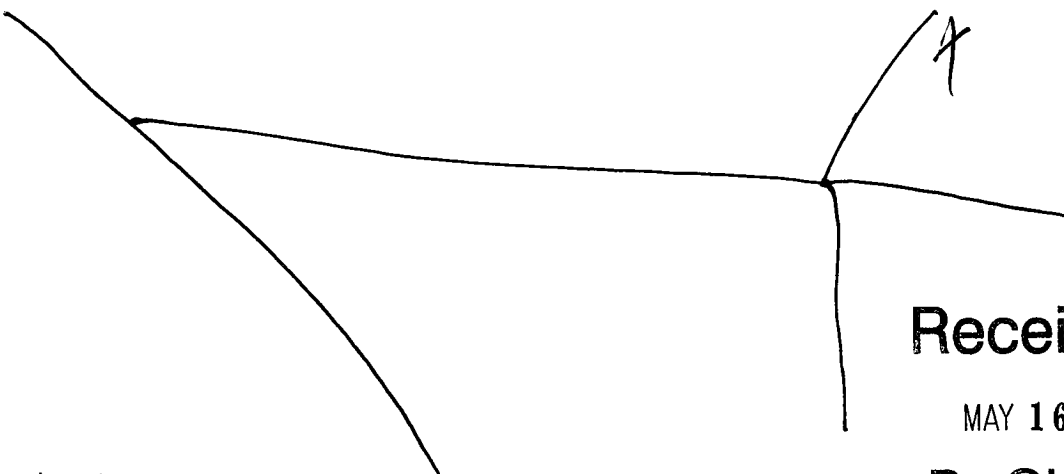
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
clay	1	90
sand	90	130

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

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



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Landowner Name: Linh Hoang

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 5-11-16 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: Lincoln
Permit #: _____
Driller: James M. Wells
Date completed: 3-15-16
Copy information from block on Part 1

For Office Use Only:

Well #: M58
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>Linh Hoang</u>	Latitude: <u>31°27.246</u> Longitude: <u>090°19.912</u>
Mailing Address: _____ <u>2531 Pleasant Grove Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Bogue Chitto</u> <u>MS</u> <u>39629</u>	_____ 1/4 _____ 1/4, Sec. <u>30</u> T <u>6N</u> R <u>9E</u>
City State Zip Code	<u>15</u> Miles <u>E</u> of <u>Bogue Chitto</u>
Telephone No. <u>(601) 730-5614</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 3-15-16 Rated Pump Capacity: 33 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: 3 Setting Depth: _____ feet Number of Stages: 11

Pump Test Data for Non Flowing Well
Date Well Tested: 3-15-16 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 75 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 45 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

Received
MAY 16 2016

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer's standards.
For agricultural wells, a list of approved meters is on the MDEQ website.* **BY OLWR**

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

James M. Wells 00005889 5-11-16 James M. Wells
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer