

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)

County: Marion
Permit #: _____
Driller: James M. Wells
Date drilling completed: 12-16-14

For Office Use Only:

Well #: L94
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 (Landowner if borehole is not for a water well) Owner Name: <u>Weidell Holland Builders</u> Mailing Address: _____ <u>55 Spell Dr.</u> <u>Columbia</u> <u>MS</u> <u>39429</u> City State Zip Code Telephone No. <u>(601) 736-1615</u>	Well or Borehole Location <u>31° 13' 55"</u> Well or Borehole Location <u>89° 47' 53"</u> Latitude: <u>31° 13.925</u> Longitude: <u>089° 47.885</u> Method of Lat/Long (check one): Conventional Survey _____, <input checked="" type="checkbox"/> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>10</u> T <u>3N</u> R <u>18W</u> <u>1/2</u> Miles <u>South</u> of <u>Columbia</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data Date drilling started: <u>12-16-14</u> Date drilling completed: <u>12-16-14</u> Hole depth: <u>160</u> Hole diameter: <u>7 1/2"</u> Location of the source of any surface water used for drilling: <u>Community</u> Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u> Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="radio"/> Home Industrial Public Supply Irrigation Fish Culture Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60</u> feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>12-16-14</u> (circle one)	
Method of measurement (circle one): <input checked="" type="radio"/> Steel tape Electric tape Air line Other (describe): _____	
Well depth: <u>160</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="radio"/> Neat Cement Bentonite Mix	
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</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>140</u> feet to <u>160</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> 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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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: Marion
 Permit #: _____
 Driller: James M. Wells
 Date completed: 12-16-14
Copy information from block on Part 1

For Office Use Only:

Well #: 494
 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>Wendell Holland Builders</u>	Latitude: <u>31°13.925</u> Longitude: <u>089°47.885</u>
Mailing Address: _____ <u>55 Spell Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Columbia</u> <u>MS</u> <u>39429</u> City State Zip Code	USGS quad <u>SW 1/4 SE 1/4, Sec 10 T 3N R 18W</u>
Telephone No. <u>(601) 736-1615</u>	<u>1/2</u> Miles <u>S</u> of <u>Columbia</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 12-16-14 Rated Pump Capacity: 27 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: 2 Setting Depth: 100 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 12-16-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 68 40 Feet Below Land Surface Test Pumping Rate: 35 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

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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 1-19-15 James M. Wells
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer