

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 #: C52

Aquifer: _____

E-Log #: _____

County: Marshall

Permit #: _____

Driller: Wilson Well Co.Date drilling completed: 11-26-17

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>BRUCE JOHNS</u>	Latitude: <u>34-57-29</u> Longitude: <u>89-26-30</u>
Mailing Address: <u>523 NORTH SLAYDEN</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>LAHAR</u> <u>MISSISSIPPI</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NE 1/4, Sec 31 T 15 R 36</u> 2W
Telephone No. (901) <u>409-1856</u>	<u>1/2</u> Miles <u>N</u> of <u>SLAYDEN</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>11-26-17</u>	Date drilling completed: <u>11-26-17</u> Hole depth: <u>180'</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>PUBLIC SUPPLY</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
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): <u>Home</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>130</u> feet (above or <u>below</u> land surface) Date measured: <u>11-27-17</u>	
(circle one)	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>PVC PIPE</u>	
Well depth: <u>180</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Gentolite</u> Mix	
Casing length: <u>170</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC 160/26</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC .013</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>170</u> feet to <u>180</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</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 ResourcesP.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: 052

Aquifer: _____

County: MASSACHUSETTS
Permit #: _____
Driller: JOHN LAR - WILSON WELL CO.
Date completed: 11-27-17
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>BRUCE JOHNS</u>			Latitude: <u>34-57-29</u>	Longitude: <u>89-26-30</u>
Mailing Address: <u>523 NORTH SCARVEN</u>			Method of Lat/Long (check one): Conventional Survey _____	
City: <u>LAUREL</u> State: <u>MISSISSIPPI</u> Zip Code: _____			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
Telephone No. (901) <u>409-1856</u>			NE 1/4 NE 1/4, Sec <u>31</u> T <u>15</u> R <u>300</u>	
			<u>1/2</u> Miles <u>N</u> of <u>SCARVEN</u> <u>2N</u>	
			(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)	
<input checked="" type="radio"/> Submersible	Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>11-27-17</u>	Rated Pump Capacity: <u>22</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
Power Type (circle one)	
<input checked="" type="radio"/> Electric	Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: _____	Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>11-27-17</u>	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>130</u> Feet Below Land Surface	Pumping Water Level (B): <u>160</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Test Pumping Rate: <u>22</u> Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>PUL PIPE</u>	
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 <input type="radio"/> Repaired <input type="radio"/> Replacement <input type="radio"/>	
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.	
<u>Rodney Wilson</u>	<u>11-27-17</u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

