

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
(601)961- 5210
(601)961- 5228 (fax)

County: Pearl River
Permit #:
Driller: Scott Boone
Date drilling completed: 3-31-16

For Office Use Only:
Aquifer:
Well #: E110
L. S. Elevation:
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.

Information on Well Owner (Landowner if borehole is not for a water well)
Owner Name: MRS Dedearns
Mailing Address: 168 Scott Farm DR
Doplarville MS 39476
City State Zip Code
Telephone No.
Well or Borehole Location
Latitude: 30°49'46" Longitude: 89°42'47"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SW 1/4 Sec 33 Twn 25 Rng 17W
Distance Direction Nearest Town
Miles of

Well / Borehole Data
Date drilling started: 3-31-16 Date drilling completed: 3-31-16 Hole depth: 160 Hole diameter: 4 1/2
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development: 1" Granular Chlorine
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well X 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 (check one): Home X Industrial Public Supply Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 73 feet above of below (circle one) land surface Date measured: 3-31-16
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 150 feet Casing diameter: 2 inches Type of casing: sch40 pvc
Screen length: 10 feet Screen diameter: 2 inches Type of screen: #8 PVC Double slot
Screen slot size: #8 inches Setting depth: From 150 feet to 160 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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

Form: OLWR-3 (1-15-14)

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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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E11C
 Elevation: _____

County: Pearl River
 Permit #: _____
 Driller: Scott Boone
 Date completed: 3-31-16

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>Dedeaux</u>	Latitude: <u>30°49'46"</u> Longitude: <u>89°042'47"</u>
Mailing Address: <u>168 Scott Farm Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Poplarville</u> <u>MS</u> <u>39470</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec T _____ R _____
Telephone No. () _____	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-31-16</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>3-31-16</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>73</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>5</u> GPM with a drawdown of
Test Pumping Rate: <u>5</u> Gallons Per Minute	<u>7</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

This is for (circle one): **New Well** Replacement of Existing Pump Repair of Existing Pump

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

Scott Boone 6262 Scott Boone
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-1C (07-09)

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