

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 #: NA
 Driller: Lyman Well
 Date drilling completed: 8/16/19

For Office Use Only:
 Aquifer: _____
 Well #: F 94
 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)	Well or Borehole Location
Owner Name: <u>USDA</u>	Latitude: <u>30° 50' 13"</u> Longitude: <u>89° 32' 39"</u>
Mailing Address: <u>711 west North St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Paplarville MS 39470</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 36 Twn 25 Rng 16W</u>
Telephone No. (<u>601</u>) <u>916-7282</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 8/5/19 Date drilling completed: 8/16/19 Hole depth: 391 Hole diameter: 7 3/8

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): _____

Purpose of borehole (check 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

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

Static Water Level: 208 feet above or below (circle one) land surface Date measured: 8/16/19

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 391 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 366 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 4" inches Type of screen: SCW

Screen slot size: 006 inches Setting depth: From 366 feet to 391 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

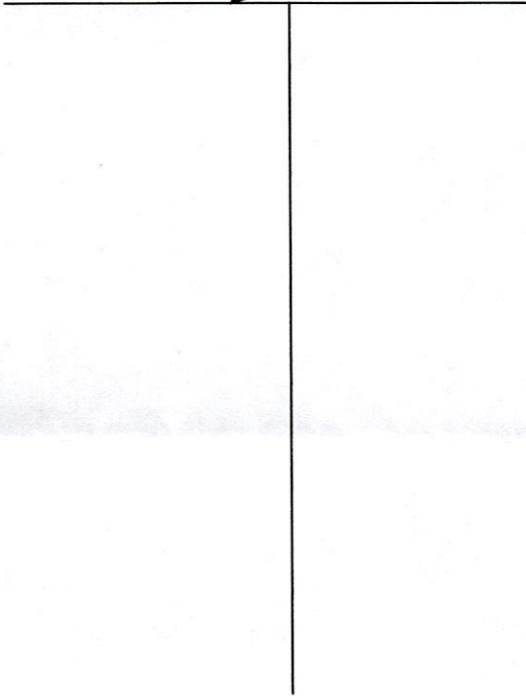
Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page**

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



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)
sand gravel	Ground Level	60
clay	60	280
fine sand	280	296
clay	296	364
sand	364	394

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) a north arrow.

See Map

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Landowner Name: USDA


Form: OLWR-SWR-1A (04/08)

I 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.

Josh Ladner - 0640 8/19/19

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

For Office Use Only:

Aquifer: _____
 Well #: F 94
 Elevation: _____

County: Pearl River
 Permit #: NA
 Driller: Lyman
 Date completed: 8/19/19
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>USDA</u>	Latitude: <u>30.83644</u> Longitude: <u>89.54444</u>
Mailing Address: <u>711 West North St</u>	Method of Lat/Long (check one): Conventional Survey _____,
<u>Poplarville MS 39470</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>36</u> T <u>25</u> R <u>16W</u>
Telephone No. <u>(601) 916-7282</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>8/14/19</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>28</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>208</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>290</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>82</u> Feet Below Land Surface	Well yielded <u>55</u> GPM with a drawdown of
Test Pumping Rate: <u>55</u> Gallons Per Minute	<u>82</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Josh Ladner 0-640 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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1996

Rodeo St

595 ft

Horticulture Rd

Rabbiteye Dr

Research Dr

Small Fruit Dr

S High St

USDA THAD COCHRAN CENTER

W 89°32'34.08"

Rte 11

11

Old US Hwy 11

S Cowart St

Scott St

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Imagery Date: 4/8/2017

30°50'12.76" N 89°32'39.42" W elev 329 ft

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