

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 #: P 112
Aquifer: _____
E-Log #: _____

County: Pearl River
Permit #: MS6W-17260 ✓
Driller: Lyman Well
Date drilling completed: 1/18/17

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Pearl River Central Water</u>	Latitude: <u>303959.80N</u> Longitude: <u>893854.09W</u>
Mailing Address: <u>17 White Chapel Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Carriere</u> <u>MS</u> <u>39426</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE</u> <input checked="" type="checkbox"/> <u>SE</u> <input checked="" type="checkbox"/> <u>25</u> <input checked="" type="checkbox"/> T <u>45</u> <input checked="" type="checkbox"/> R <u>17W</u> <input checked="" type="checkbox"/>
Telephone No. <u>(601) 798-3103</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>12/1/16</u> Date drilling completed: <u>1/18/17</u> Hole depth: <u>965</u> Hole diameter: <u>15.5"</u>
Location of the source of any surface water used for drilling: <u>NA</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>granular</u>
Logs run (circle all applicable): No log run <input type="checkbox"/> <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): <u>TEACO</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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): Home <input type="checkbox"/> Industrial <input type="checkbox"/> <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>159.10"</u> feet [above or below] land surface Date measured: <u>1/18/17</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____
Well depth: <u>965</u> Well grouted to a depth of: <u>900</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <input checked="" type="checkbox"/> Mix
Casing length: <u>900</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>steel</u>
Screen length: <u>60</u> feet Screen diameter: <u>8X10</u> inches Type of screen: <u>SS manpack</u>
Screen slot size: <u>.015</u> inches Setting depth: From <u>905</u> feet to <u>965</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>785</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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BY OLWR

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: Pearl River
 Permit #: MS6W-17260 ✓
 Driller: Lynan Well
 Date completed: 4/20/17
Copy information from block on Part 1

For Office Use Only:

Well #: P112
 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>Pearl River Central Water</u>	Latitude: <u>30 39 59.80N</u> Longitude: <u>89 38 54.09W</u>
Mailing Address: <u>17 White Chapel Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Carriere</u> <u>MS</u> <u>39426</u>	USGS quad <u>NE 1/4 SE 1/4, Sec 25 T 45 R 17W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 798-3103</u>	

Pump Type (circle one)

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

Date Pump Installed: 4/14/17 Rated Pump Capacity: 1000 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: 125 Setting Depth: 265 feet Number of Stages: 6

Pump Test Data for Non Flowing Well:

Date Well Tested: 4/18/17 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 159.1 feet below Land Surface Pumping Water Level (B): 197 Feet Below Land Surface

Drawdown [(B) - (A)]: 37 Feet Below Land Surface Test Pumping Rate: 1800 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: RECEIVED

Meter Model Number/Name: _____ Type of Meter: MAY 24 2017

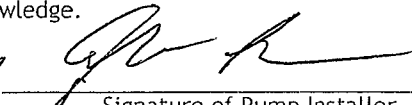
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: BY OLWR

Is This Meter (circle one): New Repaired Replacement

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.

Josh Ladner 0-640 4/20/17 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

(BOGALUSA EAST)



MC NEILL QUADRANGLE
MISSISSIPPI
TOPOGRAPHIC SERIES (POPLARVILLE)

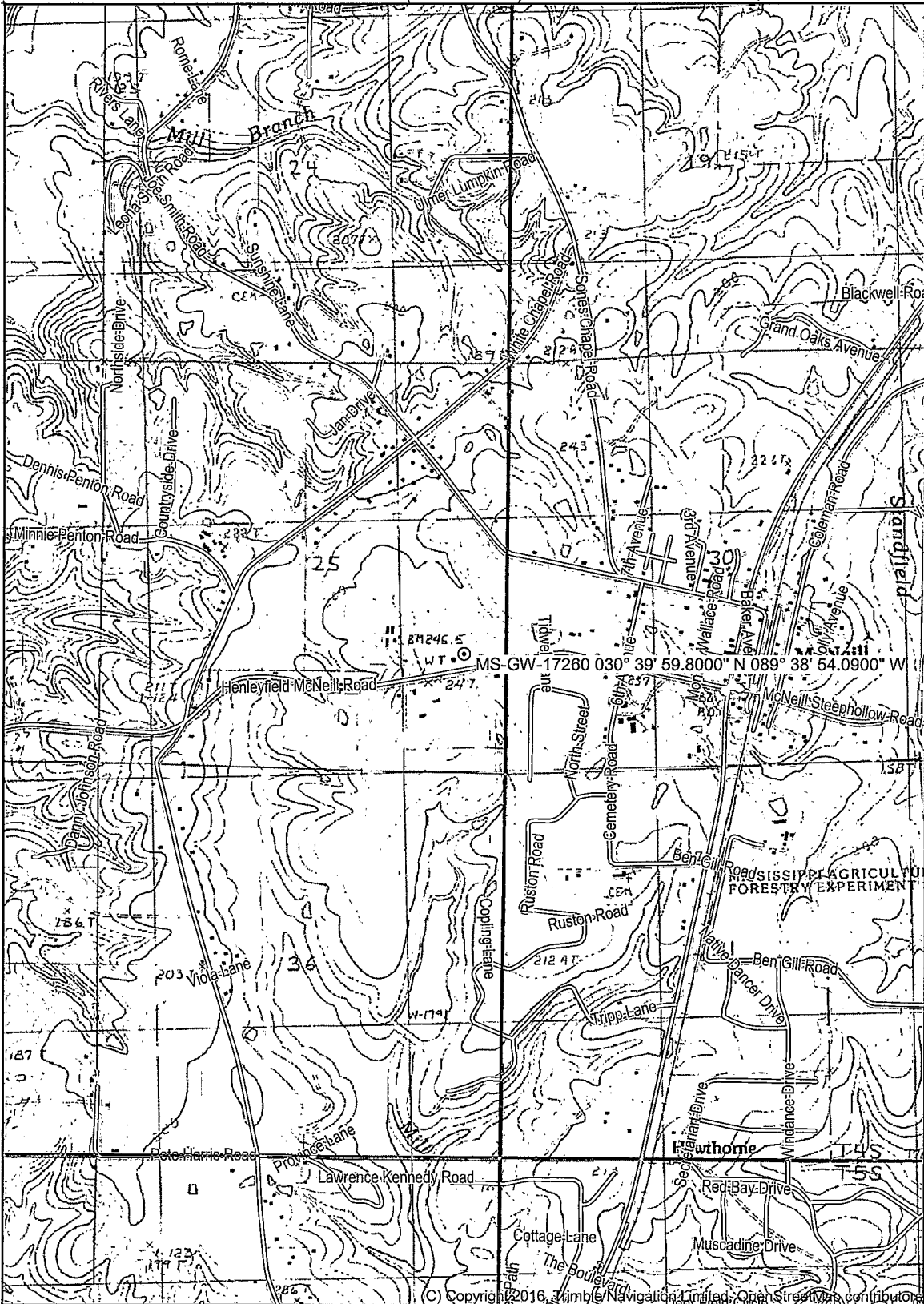
089° 40' 02.6388" W
030° 41' 23.3283" N

(WHITE SAND)

089° 37' 45.0845" W
030° 41' 23.3283" N

(HENLEYFIELD)

(MILLARD)



030° 38' 35.7258" N
089° 40' 02.6388" W

(PICAYUNE)

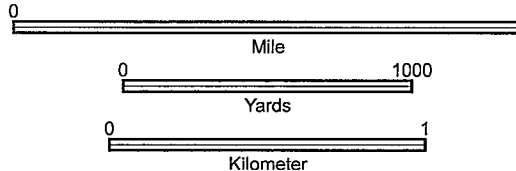
030° 38' 35.7258" N
089° 37' 45.0845" W

(INDUSTRIAL)

(CAESAR)

Declination

SCALE 1:24000



CONTOUR INTERVAL 10 FT

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 21M N and
6M W

GN 1.35° W
MN 1.20° W

30089-F6-TM-024
MC NEILL, MS
JAN 1, 1986



Google Earth

Imagery Date: 4/7/2017 30°39'57.13" N 89°39'01.42" W elev 233 ft eye alt 1694 ft

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