

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)

For Office Use Only:

Aquifer: _____
Well #: T99
L. S. Elevation: _____
E-log #: _____

County: Pearl River
Permit #: _____
Driller: Scott Boone
Date drilling completed: 5-11-16

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>Pearl River Basin</u>	Latitude: <u>30°34'17"</u> Longitude: <u>89°47'24"</u>
Mailing Address: <u>2304 Riverside Dr</u> <u>P.O. Box 5332</u> <u>Picayune MS 39466</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <u>1R 1/4 1R 1/4 Sec 29 Twn 55 Rng 18W</u>
Telephone No. <u>(601) 354-6301</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 5-11-16 Date drilling completed: 5-11-16 Hole depth: 360 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 lb 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 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: 6 1/2 feet above or below (circle one) land surface Date measured: 5-11-16

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

Well depth: 360 Well grouted to a depth of 260 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 2" inches Type of casing: PVC SCH 40

Screen length: 10 feet Screen diameter: 2" inches Type of screen: PVC #8 Doublestkt

Screen slot size: 8" inches Setting depth: From 350 feet to 360 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-SWR-1A (04/08)

Received

MAY 25 2016

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

For Office Use Only:

Aquifer: _____
Well #: T99
Elevation: _____

County: Pearl River
Permit #: _____
Driller: Scott Boone
Date completed: _____

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

Owner Name: Pearl River Basin
Mailing Address: 2204 Riverside Dr
P.O. Box 5332
Picayune MS 39466
City State Zip Code
Telephone No. (601) 354-6301

Well Location

Latitude: 30°34'17" Longitude: 89°04'24"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad Hand-held GPS Survey-grade GPS _____

Distance Direction Nearest Town
Miles of _____

Pump Type

Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 4-22-16
Rated Pump Capacity: 15 gpm Gallons Per Minute

Power Type

Circle one
Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1 hp
Setting Depth: 20ft feet
Number of Stages: Single Stage

Pump Test Data

Date Well Tested: _____
Static Water Level (A): 6 1/2 Feet Below Land Surface
Pumping Water Level (B): 10 ft Feet Below Land Surface
Drawdown [(B) - (A)]: 3 1/2 Feet Below Land Surface
Test Pumping Rate: 15 gpm Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 8 hours

Method of Measuring Water Level

Circle one
Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 15 gpm GPM with a drawdown of
3 1/2 feet after 8 hours of pumping

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

Scott Boone
Signature of Pump Installer

Received

Form: OLWR-SWR-1C MAY 25 2016

By OLWR