

# 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: Perry  
Permit #: \_\_\_\_\_  
Driller: R. Cain  
Date drilling completed: 6-22-2011

**For Office Use Only:**  
Aquifer: A 74  
Well #: \_\_\_\_\_  
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>Fred Jordan</u>	Latitude: <u>31° 22' 04"</u> Longitude: <u>89° 07' 49"</u>
Mailing Address: <u>263 Corinth Church Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad, Hand-held GPS</u> Survey-grade GPS
<u>Reta</u> <u>MS</u> <u>39465</u>	<u>5</u> 1/4 <u>W</u> 1/4 Sec <u>29</u> Twn <u>5N</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>West</u> of <u>Runnelstown MS</u>
Telephone No. <u>601 543 2303</u>	

**Well / Borehole Data**

Date drilling started: 6/22 Date drilling completed: 6/22 Hole depth: 25' Hole diameter: 4"

Location of the source of any surface water used for drilling: Comm Water System

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: Yard & Pond

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

Static Water Level: 5' feet above or below (circle one) land surface Date measured: 6/22

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

Well depth: 25 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 15 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 15 feet to 25 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)

MS Water Well Drilling  
Lic # D-374

Ronald Cain

# 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 #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Perry  
Permit #: \_\_\_\_\_  
Driller: R. Cain  
Date completed: 6-22-2011

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>Fred Jordan</u>	Latitude: <u>31°22'04"</u> Longitude: <u>89°07'49"</u>
Mailing Address: <u>263 Corinth Church Rd</u> <u>Petal MS 39465</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held <u>GPS</u> , Survey-grade GPS _____ <u>S</u> 1/4 <u>W</u> 1/4 Sec <u>29</u> T <u>5</u> N R <u>11</u> W
Telephone No. <u>(601) 543-2303</u>	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Brunswick MS</u>

Pump Type	Power Type
Air Lift Circle one Jet <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: _____
Date Pump Installed: <u>6-22-2011</u>	Setting Depth: <u>23</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>6-22-2011</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>15</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>23</u> GPM with a drawdown of
Test Pumping Rate: <u>23</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</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.

Ms Water Well Drilling Print Name of Pump Installer and License No. (if applicable)  
0-374

Randall Cain Signature of Pump Installer

