

County: Perry  
 Permit #: \_\_\_\_\_  
 Driller: R. Cain  
 Date drilling completed: 6-27-2011

**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: A 25  
 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>Dale Breland</u>	Latitude: <u>31° 21' 06"</u> Longitude: <u>89° 07' 52"</u>
Mailing Address: <u>9334 Temple Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held <u>GPS</u> , Survey-grade GPS
<u>Petal</u> <u>MS</u> <u>39465</u>	<u>N</u> 1/4 <u>W</u> 1/4 Sec <u>31</u> Twn. <u>5/N</u> Rng <u>11/W</u>
City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>S/W</u> of <u>Randalltown MS</u>
Telephone No. <u>(601) 584-8253</u>	

**Well / Borehole Data**

Date drilling started: 6/27 Date drilling completed: 6/27 Hole depth: 60 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: \_\_\_\_\_

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 6-27-2011

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

Well depth: 60 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 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 50 feet to 60 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*

*MS Water Well Drilling*  
*Lic # 0-374*

*Randall 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)

County: Perry  
Permit #: \_\_\_\_\_  
Driller: R. Conner  
Date completed: 6-27-2011  
Copy information from block on Part 1

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

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>Dale Breland</u>	Latitude: <u>31° 21' 06"</u> Longitude: <u>89° 07' 52"</u>
Mailing Address: <u>9334 Temple Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Petal MS 39465</u>	USGS quad _____, Hand-held <u>GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>N 1/4 W 1/4 Sec 31 T5N R11W</u>
Telephone No. <u>601 584-8253</u>	Distance Direction Nearest Town
	<u>3 Miles S/W of Rannelstown MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift 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: <u>1</u>
Date Pump Installed: <u>6-27-2011</u>	Setting Depth: <u>55</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>6-27-2011</u>	Circle one
Static Water Level (A): <u>15</u> Feet Below Land Surface	Air Line Electric Measuring Line <u>Steel Tape</u>
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>20</u> Gallons Per Minute	Well yielded <u>20</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>15</u> feet after <u>4</u> 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.

MS Water Well Drilling Print Name of Pump Installer and License No. (if applicable) Russell Conner Signature of Pump Installer

