

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 #: 188
L. S. Elevation: _____
E-log #: _____

County: Perry
Permit #: _____
Driller: David L. Cain
Date drilling completed: 6-23-2017

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 #3

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Troy Thompson</u>	Latitude: <u>31° 25' 55"</u> Longitude: <u>88° 56' 27"</u>
Mailing Address: <u>171 Moscovout Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Repton MS 39476</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW NW</u> <u>N 1/4 W 1/4 Sec 7 T6</u> Twn <u>5N</u> Rng <u>9W</u>
Telephone No. <u>(601) 788 4119</u>	Distance Direction Nearest Town <u>5</u> Miles <u>North</u> of <u>Repton MS</u>

Well / Borehole Data

Date drilling started: 6-13 Date drilling completed: 6-23 Hole depth: 380 Hole diameter: 4"

Location of the source of any surface water used for drilling: Comm. well

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

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

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 6-22-2017

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

Well depth: 380 Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 320 feet to 380 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: 300 feet. *If telescoped or more than one screen, describe on next page*

Southern Ms Water Well Drilling #0-3831 Randall Form: OLWR-SWR-1A (04/08)
6/27/2017

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: David H. Cain
 Date completed: 6-23-2017
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 #3

Well Owner Information	Well Location
Owner Name: <u>Troy Thompson</u>	Latitude: <u>31° 25' 55"</u> Longitude: <u>88° 56' 27"</u>
Mailing Address: <u>171 Moser cut Rd,</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Richton Ms 39476</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>N 1/4 W 1/4 Sec 7 T.5-N R.9-W</u>
Telephone No. <u>(601) 788 4119</u>	Distance Direction Nearest Town
	<u>5 Miles North of Richton MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>6-22-2017</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

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Pump Test Data	Method of Measuring Water Level <u>30 2017</u> Circle one
Date Well Tested: <u>6-22-2017</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>BY OLWR</u> Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>40</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.

Northwestern Ms Water Well Drilling David H. Cain 6-27-2017
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

0-3831

