

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 #: 590
L. S. Elevation: _____
E-log #: _____

County: Perry
Permit #: _____
Driller: Mike + Wade
Date drilling completed: 2-26-16

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>Mary Lott</u>	Latitude: <u>31° 13' 07.20</u> Longitude: <u>88° 54' 45.93</u>
Mailing Address: <u>97 North Kittrel Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Beaumont</u> <u>MS</u> <u>39423</u>	<u>SE 1/4, SE 1/4</u> Sec <u>17</u> Twn <u>3N</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Hintonville</u>
Telephone No. () _____	

Well / Borehole Data
Date drilling started: <u>2-26-16</u> Date drilling completed: <u>2-26-16</u> Hole depth: <u>45</u> Hole diameter: <u>7/4</u>
Location of the source of any surface water used for drilling: <u>None</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): <u>None</u>
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" 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 (check one): Home <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>8</u> feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____
Well depth: <u>45</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>
Casing length: <u>35</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>SCH40</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>WRAP</u>
Screen slot size: <u>010</u> inches Setting depth: From <u>35</u> feet to <u>45</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>

Form: OLWR-SWR-1A (04/08)

MAR 28 2016

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: Perry
 Permit #: _____
 Driller: Mike J. Wood
 Date completed: 2-26-16
Copy information from block on Part 1

For Office Use Only:

Well #: 590
 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>Mary Lott</u>	Latitude: <u>31°13'07.26</u> Longitude: <u>88°05'44.93</u>
Mailing Address: <u>97 North Kittel Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Baumont</u> MS <u>39423</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4, Sec _____ T _____ R
Telephone No. () _____	<u>3</u> miles <u>S</u> of <u>Hintonville</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: _____ Rated Pump Capacity: 19 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: 1 Setting Depth: 40 feet Number of Stages: 9

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 8 Feet Below Land Surface Pumping Water Level (B): 15 Feet Below Land Surface

Drawdown [(B) - (A)]: 7 Feet Below Land Surface Test Pumping Rate: 30 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured slant in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

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

Installation Date: _____ Meter installed by: _____

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.

Michael R. Fryback 0408 2-26-16 Michael R. Fryback
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer