

# 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 #: E330  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pike  
Permit #: MS-GW-17367  
Driller: Lynon Well Company  
Date drilling completed: 7-24-18

**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>Friendship Water Assoc.</u>	Latitude: <u>31° 14' 50.42"</u> Longitude: <u>90° 25' 31.54"</u>
Mailing Address: <u>P.O. Box 872</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>McComb</u> <u>MS</u> <u>39649</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>8</u> Twn <u>3N</u> Rng <u>8E</u>
Telephone No. <u>(601) 250-6611</u>	Distance Direction Nearest Town
	Miles of _____

**Well / Borehole Data**

Date drilling started: 5/15/18 Date drilling completed: 7/24/18 Hole depth: 624 Hole diameter: 12 1/8

Location of the source of any surface water used for drilling: NA

Method of dosing and volume of Chlorine used in drilling and development: Bleach

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): TEACO

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: 237 feet above or below (circle one) land surface Date measured: 7/24/18

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

Well depth: 624 Well grouted to a depth of 537 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 539 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 70 feet Screen diameter: 6x8 inches Type of screen: Muri-pack

Screen slot size: .012 inches Setting depth: From 554 feet to 624 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: 471 feet. **If telescoped or more than one screen, describe on next page**

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# 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: E 330  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Pike  
 Permit #: MS-GW-17367  
 Driller: Lymar Well  
 Date completed: 8-27-18  
*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>Friendship Water Assoc.</u>	Latitude: <u>31°14'42"</u> Longitude: <u>90°25'31.54"</u>
Mailing Address: <u>P.O. Box 872</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>McComb</u> <u>MS</u> <u>39649</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>8</u> T <u>3</u> R <u>8</u>
Telephone No. <u>(601) 250-6611</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>8-15-18</u>	Setting Depth: <u>320'</u>
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>10</u>

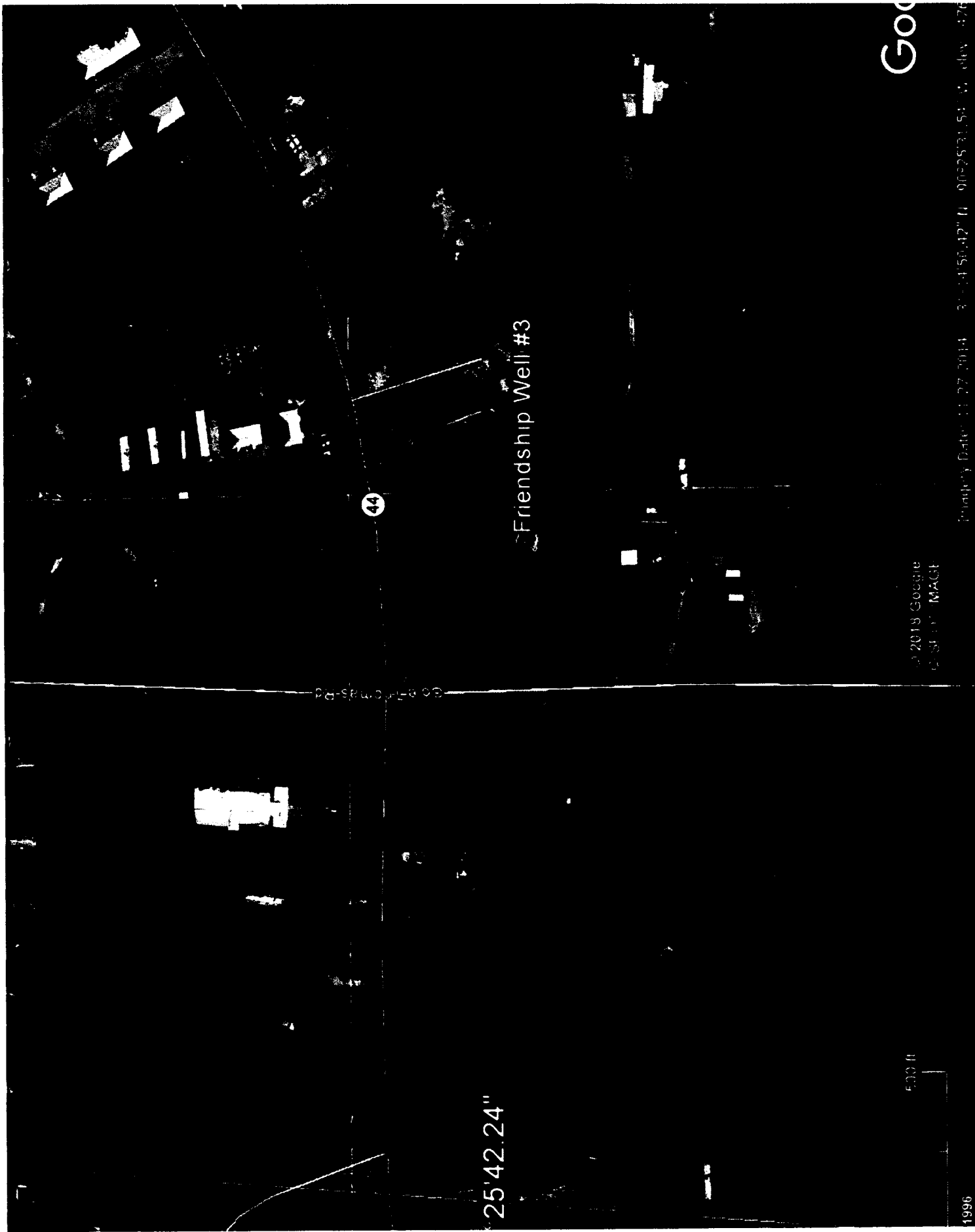
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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-24-18</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>237</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>261</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>335</u> GPM with a drawdown of
Test Pumping Rate: <u>335</u> Gallons Per Minute	<u>24</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Josh Ladner 0-640 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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



44

Friendship Well #3

25'42.24"

530 ft

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Printed Date: 11/27/2014 3:14:58.42" UTM 9002531.54 57.00 476

Go