

285

STATE WELL REPORT

County: Simpson
 Permit #: _____
 Driller: James Brackshaw
 Date drilling completed: 5-15-19

Part 1
Driller's Log
 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)

For Office Use Only:
 Well #: J 111
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Joe Magee</u>	Latitude: <u>31°54'37"N</u> Longitude: <u>87°55'57"W</u>
Mailing Address: <u>925 Simpson Hwy</u> <u>43 North</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Mendenhall</u> MS <u>39114</u> City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼, Sec <u>19</u> T <u>1N</u> R <u>4E</u>
Telephone No. <u>(601) 382-7200</u>	<u>4.2</u> Miles <u>N-NE</u> of <u>P. nola MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-14-19 Date drilling completed: 5-15-19 Hole depth: 300' Hole diameter: 7"

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

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

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

Name of organization running log(s): NIA

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) live stock

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): live stock water

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

Static Water Level: NIA feet [above or below] land surface Date measured: NIA
(circle one)

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

Well depth: 300' Well grouted to a depth of: 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 250 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 240 feet to 260 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): NIA

Top of lap pipe or reduction in casing: NIA feet

If telescoped or more than one screen, describe on next page

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County: SIMPSON

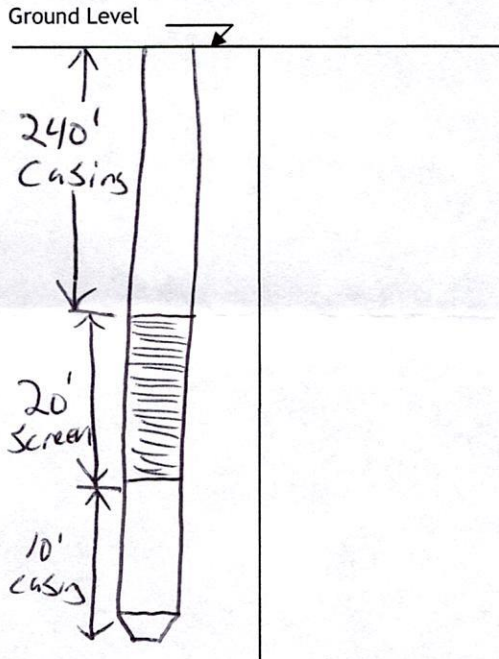
Permit #: _____

For Office Use Only:

Well #: 5111

The sketch below only required for water wells

If well telescopes, show depths on sketch.

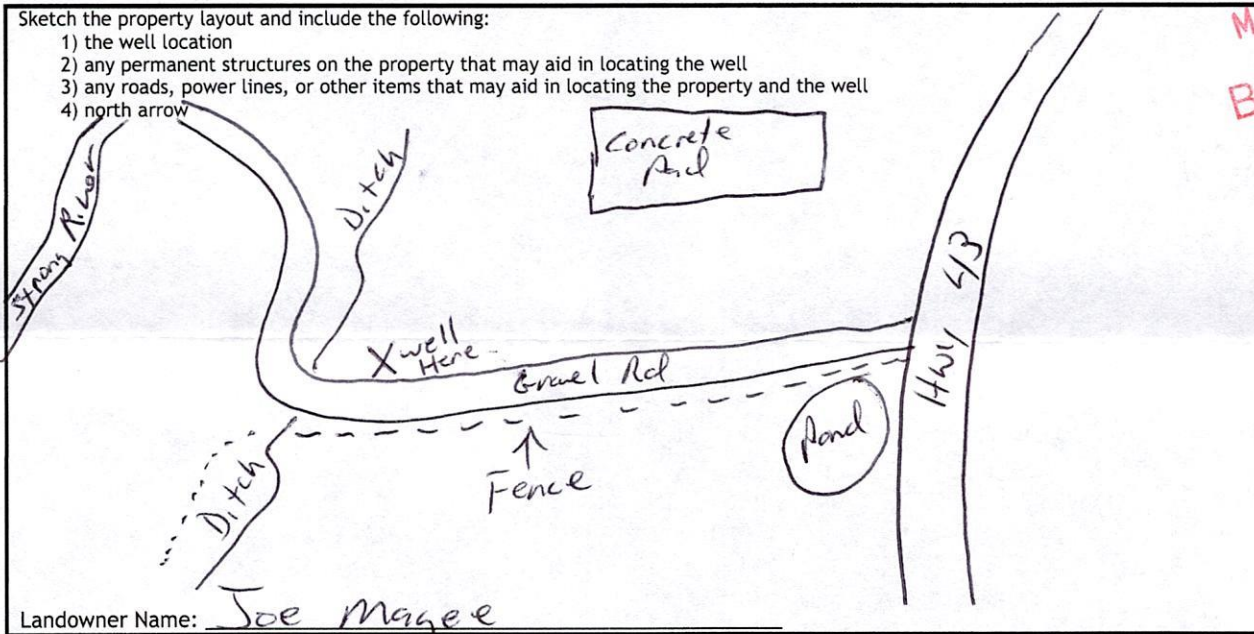


If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
light gray clay	Ground level	10
Course Sand	10	20
Fine Sand	20	40
Firm gray clay	40	220
Gray Sand w/ Black spe	220	275
Firm Gray Clay	275	300

- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow



Landowner Name: Joe Magee

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

James Brookshaw UNR7871

5-16-19

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: J111
Aquifer: _____

County: Simpson
Permit #: _____
Driller: James Bradshaw
Date completed: 5-17-19
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>Joe Magee</u>	Latitude: <u>31°54'37" N</u> Longitude: <u>89°55'57" W</u>
Mailing Address: <u>925 Simpson Hwy</u> <u>43 North</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Mendenhall</u> <u>MS</u> <u>39114</u> City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼, Sec. <u>19</u> T. <u>1N</u> R. <u>4E</u>
Telephone No. <u>(601) 382-7200</u>	<u>4.2</u> Miles <u>N-NE</u> of <u>Pinola</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-16-19 Rated Pump Capacity: 10 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: 150 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 5-17-19 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 36 Feet Below Land Surface Pumping Water Level (B): 105 Feet Below Land Surface

Drawdown [(B) - (A)]: ~~105~~ 69 Feet Below Land Surface Test Pumping Rate: 20 Gallons Per Minute

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

Pump Test Data for Flowing Well

Measured shut in head: N/A feet.

Well yielded N/A GPM with a drawdown of N/A feet after N/A 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: _____

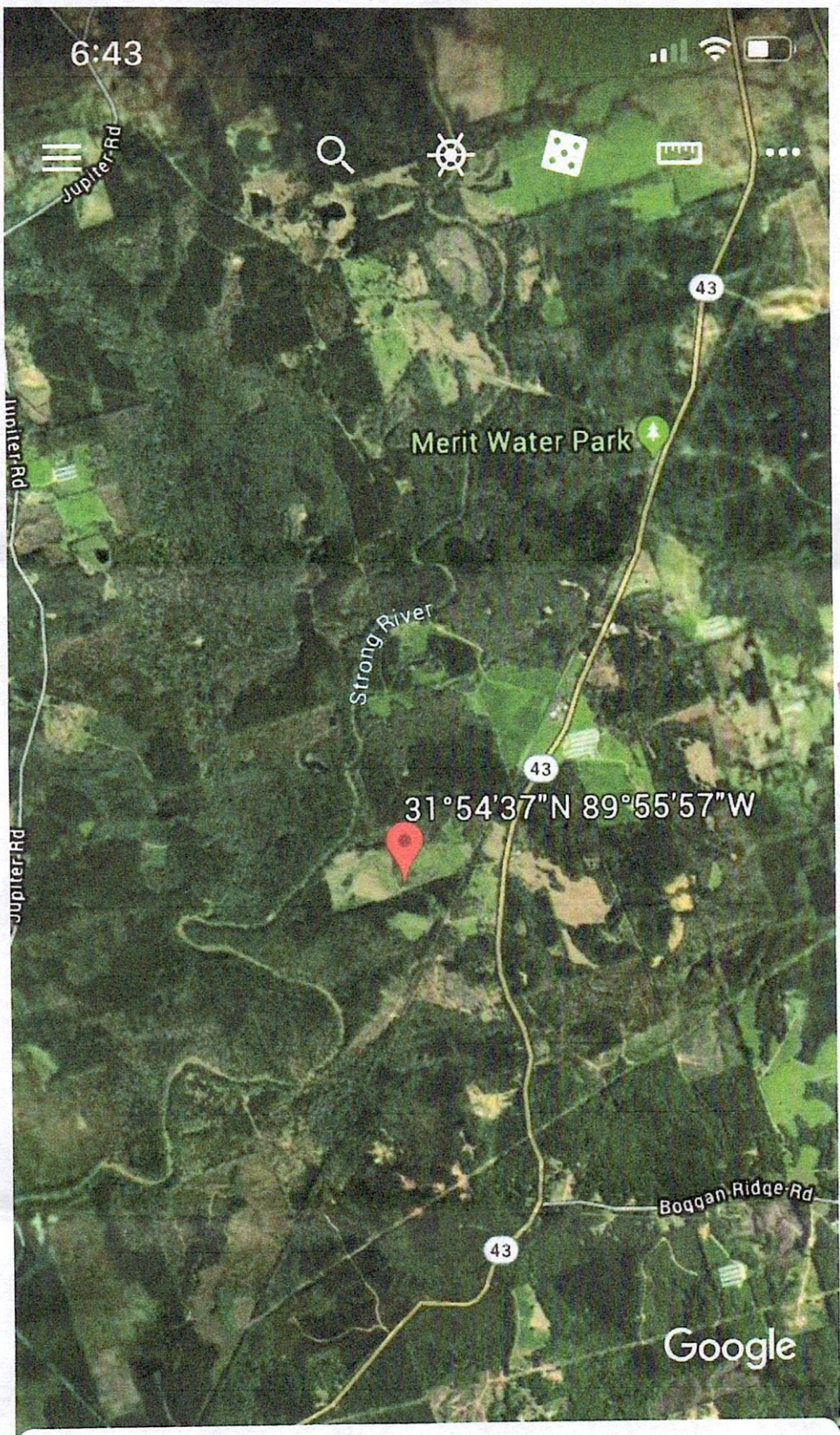
Is This Meter (circle one): New Repaired Replacement

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.

James Bradshaw VNR 7871 5-17-19
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Dropped Pin



31°54'37"N 89°55'57"W · 276 ft

Measure




Jill
Simpson

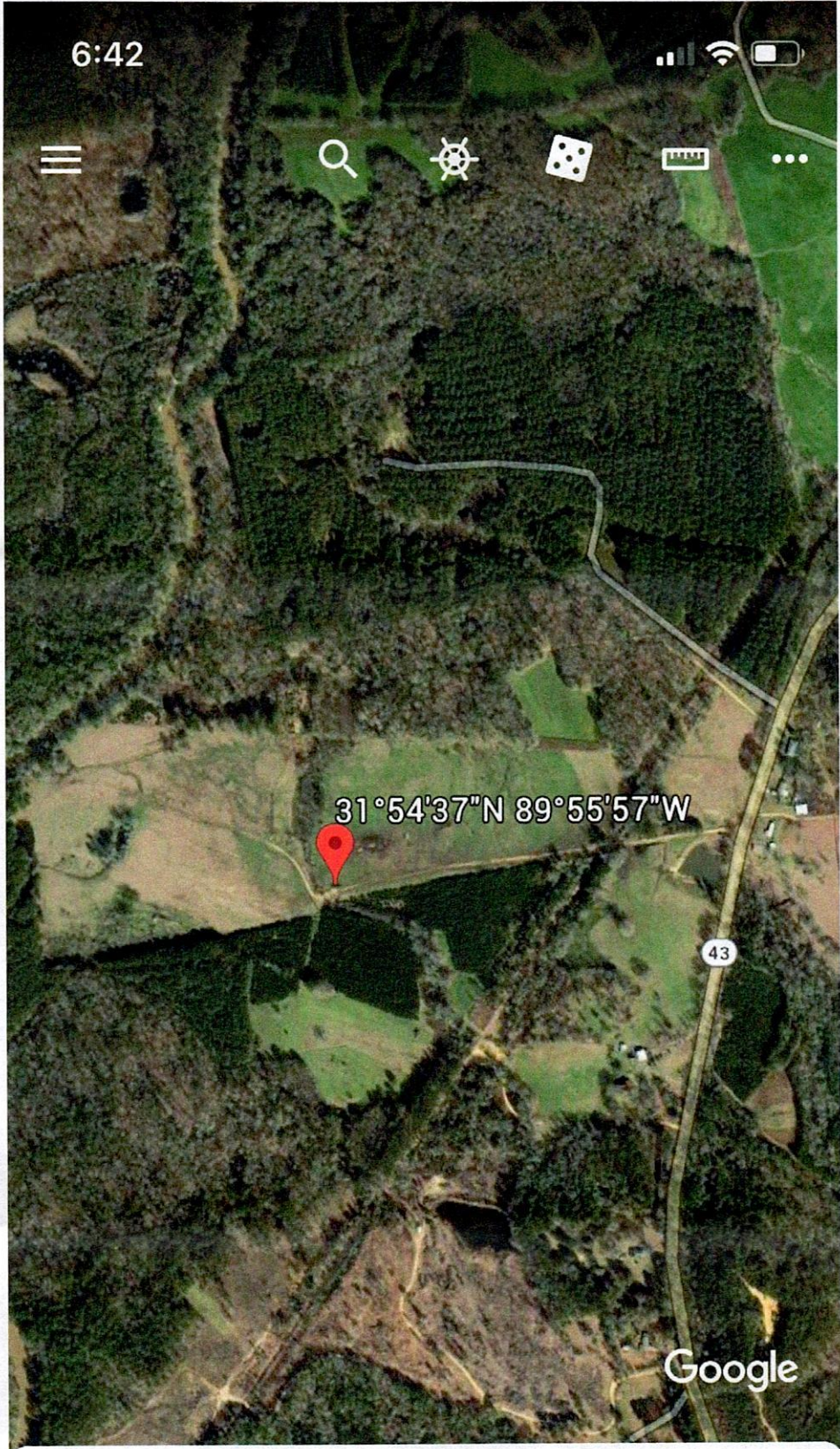
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MAY 23 2019
BY OLWR

Dropped Pin

31°54'37"N 89°55'57"W · 276 ft

 Measure





Juli
Simpson
RECEIVED
MAY 23 2019
BY OLWR

Dropped Pin

31°54'37"N 89°55'57"W · 276 ft

 Measure

