

**State Well Report
Part 1 – Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Stone
 Permit #: _____
 Driller: O-785
 Date drilling completed: 2-15-17

For Office Use Only:

Aquifer: _____
 Well #: F68
 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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Jonathan Boothby</u> Mailing Address: _____ <u>64 Smith Rd</u> <u>Perkinston MS. 39573</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>30.777892</u> Longitude: <u>-89.200891</u> <u>30-46-40</u> <u>89-12-03</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 21 Twn 35 Rng 12W</u> Distance Direction Nearest Town Miles of _____</p>
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Well / Borehole Data

Date drilling started: 2-15-17 Date drilling completed: 2-15-17 Hole depth: 200 Hole diameter: 5"

Location of the source of any surface water used for drilling: _____
 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: 90 feet above or below (circle one) land surface Date measured: 2-15-17

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

Well depth: 200 Well grouted to a depth of 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 3 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 1.006 inches Setting depth: From 180 feet to 200 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*

Form: OLWR-SWR-1A

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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 #: F68
Aquifer: _____

County: STONE
Permit #: _____
Driller: P-759
Date completed: 2-16-17
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>JONATHAN BOOTHBY</u>	Latitude: <u>N 30.777892</u>	Longitude: <u>E -89.200891</u>	
Mailing Address: <u>64 SMITH RD</u>	Method of Lat/Long (check one): <u>30-46-40</u> Conventional Survey _____	<u>89-12-03</u>	
City: <u>PERKINSON</u> State: <u>MS</u> Zip Code: <u>39573</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	<u>NE 1/4 NW 1/4, Sec 21 T. 3S R. 12W</u>	
Telephone No. <u>(228) 596-4144</u>	Miles _____ of _____	(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: 15 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: 160' feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 2-16-17 Duration of Pump Test (minimum 4 hours): 24 hours
Static Water Level (A): 90' Feet Below Land Surface Pumping Water Level (B): 160 Feet Below Land Surface
Drawdown [(B) - (A)]: 70 Feet Below Land Surface Test Pumping Rate: _____ 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: _____ 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.
REGGIE PETERMAN P759 2-16-17 Reggie Peterman
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWR-1B (4/13)
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