

Stone  
 County: Washington  
 Permit #: \_\_\_\_\_  
 Driller: 0785  
 Date drilling completed: 10-22-12

**State Well Report  
 Part I - 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K66  
 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.*

| Information on Well Owner<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|--|--|
| Owner Name: <u>Beverly McNew</u>   | Latitude: <u>30° 42.558'</u> Longitude: <u>89° 09.194'</u>                                       |
| Mailing Address: _____   | Method of Lat/Long (circle one): Conventional Survey _____<br><u>33</u> _____<br><u>12</u> _____ |
| <u>W. McHenry Rd.</u>  | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____   |
| <u>McHenry, Ms.</u>  | SW 1/4: <u>SW</u> Sec: <u>12</u> Twp: <u>4S</u> Rng: <u>12W</u>                                  |
| City _____ State _____ Zip Code _____  | Distance _____ Miles Direction _____ Nearest Town _____  |
| Telephone No. (_____) <u>0</u> _____   | _____ of _____   |

**Well / Borehole Data**

Date drilling started: 10-22 Date drilling completed: 10-22 Hole depth: 160 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: 75 feet above or below (circle one) land surface Date measured: 10-22-12

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix \_\_\_\_\_

Casing length: 140 feet Casing diameter: 3" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 3" inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 140 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of tap 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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 BY: OLWR



County: Stone  
 Permit #: \_\_\_\_\_  
 Driller: P-759  
 Date completed: 10-23-12  
 Copy information from block on Part 1

# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10621  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6953 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K66  
 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 Owner Information  
 Owner Name: Beverly McVee  
 Mailing Address: \_\_\_\_\_  
W. McHenry Rd  
McHenry, MS  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

Well Location  
 Latitude: 30°42.558' Longitude: 89°09.194'  
 Method of Lat Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
SW 12 SW Sec 12 T 4S R 12W  
 Distance Direction Nearest Town  
 \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

Pump Type  
 Circle one  
 Air Lift Jet  Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 10-23-12  
 Rated Pump Capacity: 22 Gallons Per Minute

Power Type  
 Circle one  
 Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1.5  
 Setting Depth: 120 feet  
 Number of Stages: \_\_\_\_\_

Pump Test Data  
 Date Well Tested: 10-23-12  
 Static Water Level (A): 75 Feet Below Land Surface  
 Pumping Water Level (B): 120 Feet Below Land Surface  
 Drawdown (B) - (A): 45 Feet Below Land Surface  
 Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level  
 Circle one  
 Air Line Electric Measuring Line  Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
REGGIE PETERMAN P-759  
 Print Name of Pump Installer and License No. (if applicable)

Reggie Peterman  
 Signature of Pump Installer

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