

Stone

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

For Office Use Only:

Well #: M108
Aquifer: _____
E-Log #: _____

County: Harrison
Permit #: 0239
Driller: McBill Pumpwell
Date drilling completed: 8-22-16

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Natasha Wolfe</u>	Latitude: <u>30° 43' 1.22" N</u> Longitude: <u>88° 56' 51.61" W</u>
Mailing Address: <u>21 Piney Wood Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Perkinston MS 39573</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 NW 1/4, Sec 14 T 45 R 10E</u>
Telephone No. <u>(940) 531-8631</u>	<u>13.1</u> Miles <u>NE</u> of <u>McHenry</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8-22-16 Date drilling completed: 8-22-16 Hole depth: 360 Hole diameter: 2"

Location of the source of any surface water used for drilling: Well Water

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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well; method of flow regulation: Valve _____ Other (describe) Back wash valve

Static Water Level: 100 feet [above or below] land surface Date measured: 8-24-16
(circle one)

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

Well depth: 360 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 2" inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 340 feet to 360 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 200 feet

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

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SEP 23 2016
Form: OLWR-SWR-1A (4/13)

Stone

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 #: M108
Aquifer: _____

County: Stone
 Permit #: 0239
 Driller: ML Bill pump + well
 Date completed: 8-22-16
 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>Natasha Wolfe</u>		Latitude: <u>30° 43' 1.22" N</u>	Longitude: <u>88° 56' 51.61" W</u>
Mailing Address: <u>21 Piney wood Dr</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Perkinston</u> <u>MS</u> <u>39573</u>	City State Zip Code	<u>SW 1/4 NW 1/4, Sec 44 T 45 R 10 E</u> <u>13.1</u> Miles <u>NE</u> of <u>McHenry</u> (Distance) (Direction) (Nearest Town)	
Telephone No. <u>(940) 531-8631</u>			

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 8-24-16 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 h.p Setting Depth: 130 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
 Date Well Tested: 8-22-16 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 130 Feet Below Land Surface
 Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 30 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

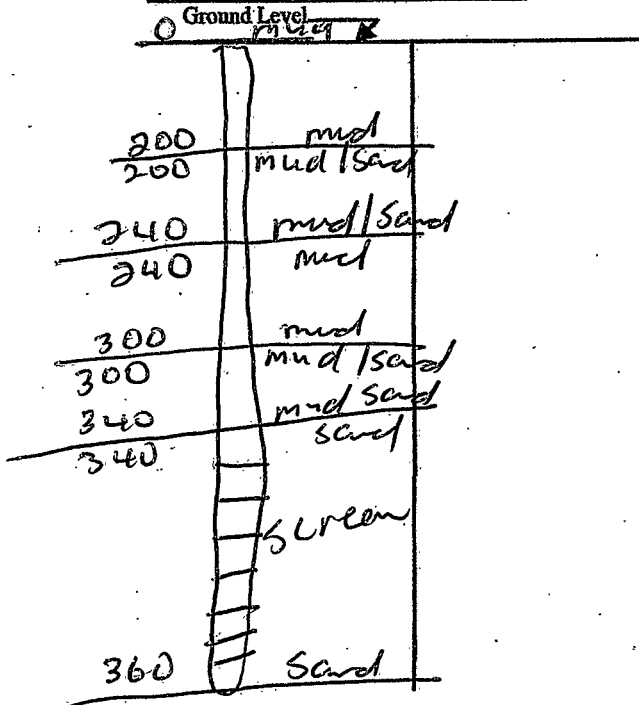
Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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.
Michael McCall 0239 9/15/16 hwm SEP 23 2016
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

The sketch below only required for water wells

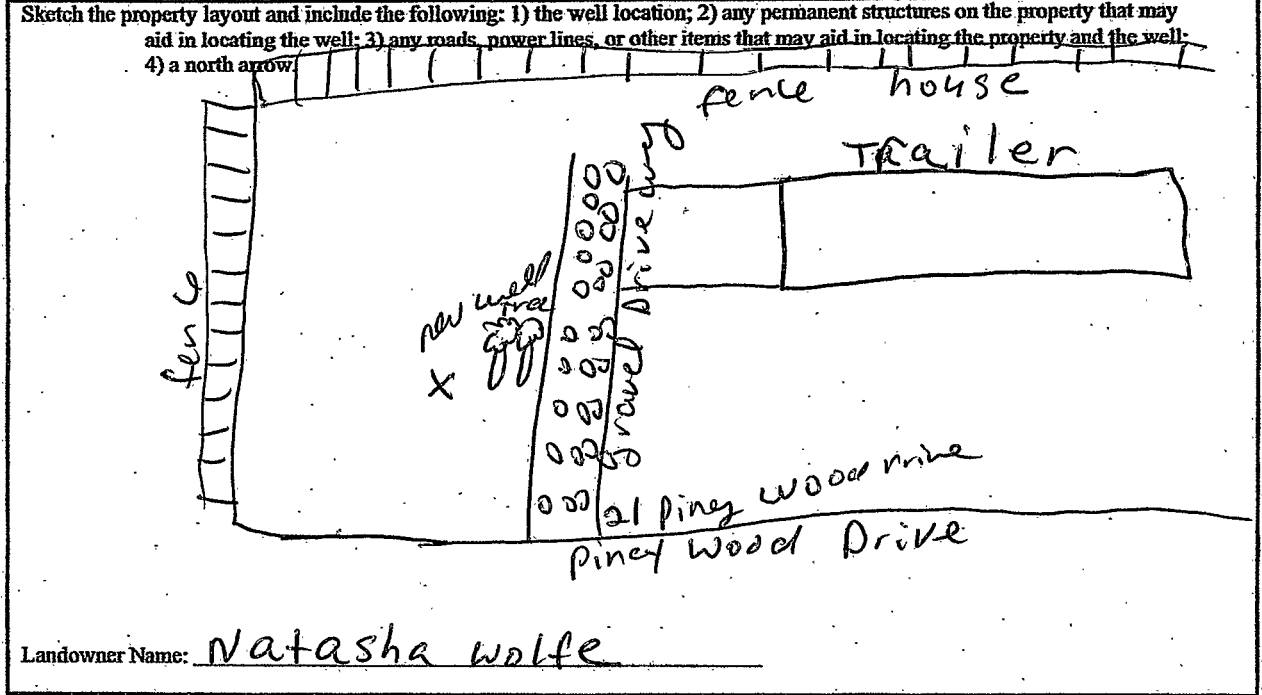
If well telescopes, show depths on sketch.



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)	
	Ground Level	
mud	0	200
mud/sand	200	240
mud	240	300
mud/sand	300	340
sand	340	360

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



Form: OLWR-SWR-1A

I 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.

Print Name of Responsible Licensee and License No. Michael McNeil OR# 0239 Date 9/15/16

Signature of Licensee

Received
SEP 23 2016
By OLWR