

STATE WELL REPORT

Part I

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 #: C153

Aquifer: _____

E-Log #: _____

County: SunflowerPermit #: GW-46146Driller: Jonathan GordonDate drilling completed: 5-11-17

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>Edward McCain</u>			Latitude: <u>33° 51' 39.02"</u> Longitude: <u>90° 33' 50.45"</u>	
Mailing Address: <u>215 Shilling Rd</u>			Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Drew</u> State: <u>MS</u> Zip Code: <u>38737</u>			USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. <u>(662) 588-0711</u>			NW $\frac{1}{4}$ SE $\frac{1}{4}$, Sec <u>13</u> T <u>23N</u> R <u>04W</u>	
			<u>1.45</u> Miles <u>NE</u> of <u>Dwiggins</u>	
			(Distance) (Direction) (Nearest Town)	

Well / Borehole Data	
Date drilling started: <u>5-11-17</u>	Date drilling completed: <u>5-11-17</u> Hole depth: <u>119'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>ditch about 1 1/2 miles</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>41</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>5-31-17</u>	
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric taps <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>107'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix	
Casing length: <u>67</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>67</u> feet to <u>107</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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 #: 0153

Aquifer: _____

County: Sunflower
 Permit #: GW-46146
 Driller: Jonathan Gordon
 Date completed: 5-31-17
 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>Edward McCain</u>	Latitude: <u>33° 51' 39.02"</u>		Longitude: <u>90° 33' 50.45"</u>		
Mailing Address: <u>215 Shillings Road</u>	Method of Lat/Long (check one): Conventional Survey _____		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>DCRW</u> <u>MS</u> <u>38737</u>	NW 1/4 SE 1/4, Sec 13 T 23N R 04W		1.45 Miles <u>NE</u> of <u>Dewiggins</u>		
City State Zip Code	(Distance) (Direction) (Nearest Town)				
Telephone No. <u>(662) 588-0711</u>					

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 5-31-17 Rated Pump Capacity: _____ 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): Gear Drive
 Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 41 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown ((B) - (A)): N/A Feet Below Land Surface Test Pumping Rate: N/A 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.
Payton Overstreet 00008026 6/1/17 Payton Overstreet
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer