

H2

# 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: Tallahatchie  
 Permit #: GW 40283  
 Driller: Houston  
 Date drilling completed: 5/7

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-177  
 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><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>RAY HAUSNER</u>          Mailing Address: <u>WEBB MS.</u>  <u>511 SNOW BLAKE RD</u>  <u>NEW MS 38737</u>          City State Zip Code          Telephone No. <u>(662) 375-8764</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 56' 08" N</u> Longitude: <u>90° 29' 14" W</u>          Method of Lat/Long (circle one): Conventional Survey, <span style="float: right;">OC</span>          USGS quad: <u>SE 1/4 Sec 92</u> Twn <u>24 N</u> Rng <u>2 W</u>          Distance _____ Miles Direction _____ of _____ Nearest Town _____</p>
--	--

**Well / Borehole Data**

Date drilling started: 5/7 Date drilling completed: 5/7 Hole depth: 110 Hole diameter: 22

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

Method of dosing and volume of Chlorine used in drilling and development: 1 LB per 1000

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: 28 feet above or below (circle one) land surface Date measured: 5/8

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 70 feet Casing diameter: 12" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 1.030 inches Setting depth: From 70 feet to 110 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*

RECEIVED

SEP 12 2005

BY: OLWR

RECEIVED

JUL 28 2005

BY: OLWR

GW 40283

RECEIVED  
JUL 28 2005  
BY: OLWR



FF 2

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
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: FALLAHATCHIE  
 Permit #: \_\_\_\_\_  
 Driller: HOUSTON  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-177  
 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	Well Location
Owner Name: <u>RAY HAUSNER</u>	Latitude: <u>33° 56.08'</u> Longitude: <u>090° 23.14'</u>
Mailing Address: <u>WEBB MS</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>511 SNOW BLANK LD</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Draw MS</u>	_____ ¼ _____ ¼ Sec _____ T _____ R _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>5/8</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>28</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

PAUL POWELL **RECEIVED** \_\_\_\_\_ **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

SEP 12 2005  
BY: OLWR

JUL 28 2005  
BY: OLWR