

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 #:	<u>G79</u>
Aquifer:	_____
E-Log #:	_____

County:	<u>Waltham</u>
Permit #:	_____
Driller:	<u>Willie Jordan</u>
Date drilling completed:	<u>3/5/15</u>

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 <small>(Landowner if borehole is not for a water well)</small>	
Owner Name:	<u>Brian Magee</u>
Mailing Address:	<u>615 Fordsville Rd Tylertown, Ms. 39667</u>
City	State Zip Code
Telephone No. (____)	_____
316 2.7 Well or Borehole Location <u>901 2.22</u>	
Latitude:	<u>31° 7' 45" N</u> Longitude: <u>90° 5' 37" W</u>
Method of Lat/Long (check one): Conventional Survey _____	
USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>37</u> T <u>2N</u> R <u>13E</u> 12	
<u>5</u> Miles <u>E</u> of <u>Tylertown</u> <small>(Distance) (Direction) (Nearest Town)</small>	

Well / Borehole Data	
Date drilling started:	<u>3/5/15</u> Date drilling completed: <u>3/5/15</u> Hole depth: <u>150'</u> Hole diameter: <u>7 1/2"</u>
Location of the source of any surface water used for drilling: <u>POTABLE WATER</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump	
Seismic Survey 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): <u>Home</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet [above or <u>below</u> land surface Date measured: <u>3/5/15</u> <small>(circle one)</small>	
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____	
Well depth: <u>150'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <u>MX</u>	
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>140-150</u> feet to _____ feet	
Type of completion (circle all applicable): Gravel packed Underreamed Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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

RECEIVED

MAR 16 2015

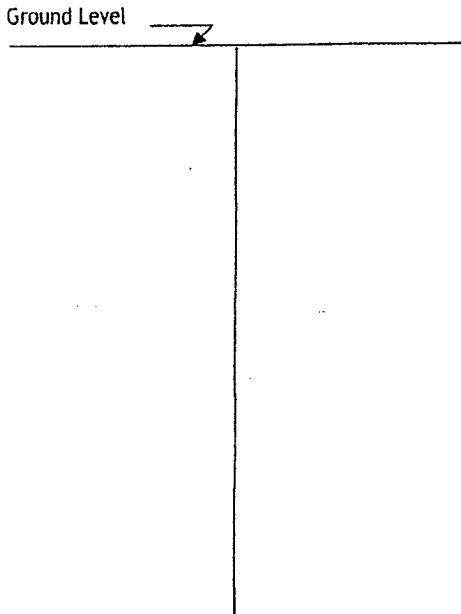
BY: OLWR

County: Waltham
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

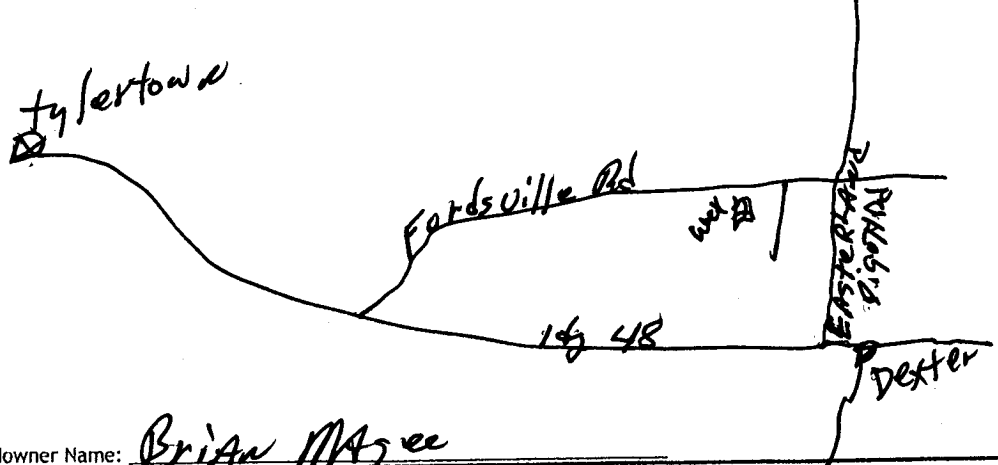


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Top Soil	0	1
Sandy Clay	1	80
Clay	80	110
Sand	110	150

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

- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow



Landowner Name: Brian Magee

I HEREBY 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.

Willie Jordan 0-508 3/5/15 _____
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: 679
 Aquifer: _____

County: Walthall
 Permit #: _____
 Driller: _____
 Date completed: _____
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>Brian Mancee</u>	Latitude: <u>31 7 45"</u> Longitude: <u>90 5 32"</u>
Mailing Address: <u>615 Fordsville Rd</u> <u>Tylertown, Ms. 39667</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE</u> $\frac{1}{4}$ NW $\frac{1}{4}$, Sec <u>31</u> T <u>2</u> R <u>13E</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>E</u> of <u>Tylertown</u> (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 3/5/15 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 1/2 Setting Depth: 140 feet Number of Stages: 15

Pump Test Data for Non Flowing Well

Date Well Tested: 3/5/15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 10 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 10 GPM with a drawdown of _____ feet after 4 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.

Willie Jordan 0-508 3/5/15 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-FWI-11 (7-13)

RECEIVED
 MAR 16 2015
 BY: OLWR