

### 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  
(601)961- 5210  
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: C134  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: GW-46971  
Driller: J. NEWCOME 0773  
Date drilling completed: 4.10.13

**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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>HARPER ROSS</u>	Latitude: <u>33° 28' 51"</u> Longitude: <u>90° 48' 44"</u>
Mailing Address: <u>P.O. Box 859</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>LELAND</u> <u>MS</u> <u>38756</u>	<u>SE 1/4 NE 1/4</u> Sec <u>21</u> / Twn <u>19N</u> Rng <u>06W</u>
City State Zip Code	Distance Direction Nearest Town <u>10</u> Miles <u>N.E.</u> of <u>LELAND</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 4.10.13 Date drilling completed: 4.10.13 Hole depth: 107 Hole diameter: 24"

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

Method of dosing and volume of Chlorine used in drilling and development: CHLORIDE TABLETS

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: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: P.J.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.J.C.

Screen slot size: .050 inches Setting depth: From 65 feet to 40-105 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*

Form: OLWR-SW-1 (04-08) **RECEIVED**

APR 18 2013

BY: OLWR



# 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)594-5210  
 (601)354-6938 (fax)

County: Washington  
 Permit #: GW-46971  
 Driller: J. Newcome 0.773  
 Date completed: 4-10-13

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C134  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Harper Ross</u>	Latitude: <u>33° 28.51</u> Longitude: <u>90° 48.44</u>
Mailing Address: <u>P.O. Box 859</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Leland</u> MS <u>38756</u>	USGS quad, <u>SE 1/4 NE 1/4 Sec 21 Twn 17N Rng 06W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>10 Miles N.E. of Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60HP</u>
Date Pump Installed: <u>4-10-13</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>Not tested</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B)-(A): <u>Not tested</u> 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.

Hubbard Stephens 741-P [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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APR 18 2013  
 BY: OLWR