

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)

County: Washington
Permit #: NA
Driller: UNR-7226
Date drilling completed: 12/20/15

For Office Use Only:

Aquifer: _____
Well #: D 257
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.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>USACE Vicksburg District</u>	Latitude: <u>33 ° 22 ' .43 "</u> Longitude: <u>91 ° 04 ' .25 "</u>
Mailing Address: <u>4155 Clay Street</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Vicksburg MS 39180</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 32 Twn 18N Rng 8W</u>
Telephone No. <u>(601) 631-5000</u>	Distance Direction Nearest Town
	_____ Miles _____ of Greenville MS

Well / Borehole Data

Date drilling started: 12/01/2015 Date drilling completed: 12/20/2015 Hole depth: 60' Hole diameter: 20"

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: 20 GALLONS OF BLEACH MIXED IN 10,000GAL H2O HOLDING CONTAINER

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: NONE

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) RELIEF WELL

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: RELIEF WELL

If a flowing well, method of flow regulation: Valve NONE Other (describe) _____

Static Water Level: 2' BELOW feet above or below (circle one) land surface Date measured: 12/20/2015

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

Well depth: 58' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement bentonite Mix

Casing length: 18' feet Casing diameter: 8" inches Type of casing: SS

Screen length: 40' feet Screen diameter: 8" inches Type of screen: SS

Screen slot size: .020 inches Setting depth: From 57' feet to 17' 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: NONE feet. *If telescoped or more than one screen, describe on next page*

D257

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

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)
average strata at site Clayey Silt	0	20'
SAND	20'	70'
###Note: 6 Relief Wells on this Site##		
all 6 wells have the same length screen and riser		

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) a north arrow.

SEE ATTACHED MAP

Landowner Name: USACE VICKSBURG DISTRICT

Form: OLWR-SWR-1A (04/08)

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.

Joel Miller

01/13/16

Joel Miller

Digitally signed by Joel Miller
DN: cn=Joel Miller, o=Mississippi Department of Environmental Quality, email=joel.miller@deq.state.ms.us
Date: 2016.01.13 09:04:38 -0500

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

County: Washington
 Permit #: na
 Driller: UNR-7226
 Date completed: 12/20/2015
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D257
 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>USACE Vicksburg District</u>	Latitude: <u>33 22 43</u> Longitude: <u>91 04 25</u>
Mailing Address: <u>4155 Clay Street</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>Vicksburg MS 39180</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 32 T 15S R 8W</u>
Telephone No. <u>(601) 631-5000</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of Greenville MS

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 type="checkbox"/> Turbine <input 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: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

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): _____
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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Joel Miller UNR-7226 Joel Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Digitally signed by Joel Miller
 DN: cn=Joel Miller, o=Riverside Construction Company Inc., ou=Riverside Construction Company Inc., email=RiversideJoelM@gmail.com, c=US
 Date: 2015.07.01 09:34:00 -0500

D257

