

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 #: G355
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-47030 ✓
Driller: J. NEWCOME 0-773
Date drilling completed: 4-17-13

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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Drew Lawrence</u></p> <p>Mailing Address: <u>P.O. Box 5669</u></p> <p><u>Greenville MS 38704</u></p> <p>City State Zip Code</p> <p>Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 19' 31"</u> Longitude: <u>91° 03' 03"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS ✓</p> <p><u>NE 1/4 NW 1/4 Sec 22</u> Twn <u>17N</u> Rng <u>08W</u></p> <p>Distance Direction Nearest Town <u>5</u> Miles <u>S.W.</u> of <u>GREENVILLE</u></p>
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Well / Borehole Data

Date drilling started: 4-17-13 Date drilling completed: 4-17-13 Hole depth: 92 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: CHLORINE 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) Replace GW43919

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

Casing length: 50 feet Casing diameter: 16 inches Type of casing: P.V.C.

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

Screen slot size: .050 inches Setting depth: From 50 feet to 90 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-SWR-1A (04/08)

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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 39222-0631
Phone: (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G355

Elevation: _____

County: Washington
Permit #: GW-47030
Driller: J. Newcome 0-773
Date completed: 4-18-2013

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>Drew Lawrence</u>	Latitude: <u>33.19.31</u> Longitude: <u>91.03.08</u>
Mailing Address: <u>P.O. Box 5669</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Greenville MS 38704</u>	USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 22 Twn 17N Rng 08W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5 Miles S.W. of Greenville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50hp</u>
Date Pump Installed: <u>4/18/2013</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</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 Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	<u>Not Tested</u>
Drawdown [(B) - (A)]: <u>Not tested</u> Feet Below Land Surface	Flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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BY: OLWR