

County: Washington  
 Permit #: GW-46472 ✓  
 Driller: Irrigation Equipment  
 Date drilling completed: 09/25/2012

**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 #: J116  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>John Mark Looney</u>	Latitude: <u>33 ° 20 ' 35 "</u> Longitude: <u>90 ° 47 ' 22 "</u>
Mailing Address: <u>105 Buck Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Leland</u> <u>Ms</u> <u>38756</u> City State Zip code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>2</u> Twn <u>17N</u> Rng <u>6W</u> Distance <u>NW</u> <u>NE</u> Direction " Nearest Town
Telephone No. ( ) -	<u>7</u> Miles <u>Southeast</u> of <u>Leland</u>

**Well / Borehole Data**

Date drilling started: 09/25/2012 Date drilling completed: 09/25/2012 Hole depth: 127 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water  
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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 flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 28 feet above or below (check one)  land  surface Date measured: 09/25/2012

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

Well depth: 127 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 feet

Type of completion (check 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*



**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 #: GW-46472  
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*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: J116  
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.*

<p align="center"><b>Well Owner Information</b></p> <p>Owner Name: <u>John Mark Looney</u> Mailing Address: <u>105 Buck Road</u> <u>Leland</u> <u>Ms</u> <u>38756</u> City State Zip code Telephone No. ( ) -</p>	<p align="center"><b>Well Location</b></p> <p>Latitude: <u>33 20' 35.3 N</u> Longitude: <u>90 47' 22.1 W</u> Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>11</u> T <u>17N</u> R <u>6W</u> <u>NW</u> <u>NE</u> Direction Nearest Town <u>7</u> Miles <u>Southeast</u> of <u>Leland</u></p>
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<p align="center"><b>Pump Type</b> Check one</p> <p><input type="checkbox"/> Air Lift    <input type="checkbox"/> Jet    <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket    <input type="checkbox"/> Piston    <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal    <input type="checkbox"/> Rotary    <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>09/25/2012</u> Rated Pump Capacity <u>2500+/-</u> Gallons Per Minute</p>	<p align="center"><b>Power Type</b> Check one</p> <p><input checked="" type="checkbox"/> Diesel Engine    <input type="checkbox"/> Gasoline Engine    <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor    <input type="checkbox"/> Hand    <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill    <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u></p>
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<p align="center"><b>Pump Test Data</b></p> <p>Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p align="center"><b>Method of Measuring Water Level</b> Check one</p> <p><input type="checkbox"/> Air Line    <input type="checkbox"/> Electric Measuring Line    <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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This is for (check 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.

Patrick Chism    0695  
Print Name of Pump Installer and License No. (if applicable)    Signature of Pump Installer