

**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 #: GW-45959  
Driller: J. NEWCOME 0773  
Date drilling completed: 7.7.2012

For Office Use Only:  
Aquifer: K159  
Well #: \_\_\_\_\_  
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>Steele Davis</u>	Latitude: <u>33° 15' 24"</u> Longitude: <u>91° 02' 05"</u>
Mailing Address: <u>844 Lake Washington Road West</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Glen Allen MS 38744</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 02 Twn 16N Rng 08W</u>
Telephone No. ( ) _____	IR IR Distance Direction Nearest Town <u>2</u> Miles <u>N.</u> of <u>AYON</u>

**Well / Borehole Data**

Date drilling started: 7.7.2012 Date drilling completed: 7.7.2012 Hole depth: 97 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) \_\_\_\_\_

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

Casing length: 55 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 55 feet to 95 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

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# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: K159

Elevation: \_\_\_\_\_

County: WASHINGTON

Permit #: GW-45959

Driller: SNEWCOMB 0-773

Date completed: 7-7-2012

*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

Owner Name: STEELE DAVIS

Mailing Address: 844 LAKE WASHINGTON RD

GLEN ALLEN MS 38744  
City State Zip Code

Telephone No. ( ) \_\_\_\_\_

### Well Location

Latitude: 33° 15' 24" Longitude: 91° 02' 05"

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_

USGS quad \_\_\_\_\_, Hand-held GPS , Survey-grade GPS \_\_\_\_\_

NW ¼ NE ¼ Sec 02 T 16N R 08W

Distance Direction Nearest Town  
2 Miles N of AVON

### Pump Type

Circle one

Air Lift Jet  Submersible

Bucket Piston Turbine  Electric Motor

Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 7/16/12

Rated Pump Capacity: 1200 Gallons Per Minute

### Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 30

Setting Depth: 70 feet

Number of Stages: 1

### Pump Test Data

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

### Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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.

Print Name of Pump Installer and License No. (if applicable)

Comp Rowe 0-711P

Signature of Pump Installer

[Signature]

Form: OLWR-SWR-10 (07-09) 2012

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