

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-46926
Driller: J. NEWDALE O.773
Date drilling completed: 5.14.13

For Office Use Only:
Aquifer: M 230
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>MIKE THEUNISSEN</u>	Latitude: <u>33° 12' 49"</u> Longitude: <u>90° 44' 51"</u>
Mailing Address: <u>76 THEUNISSEN ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HOLLANDALE</u> <u>MS</u> <u>38748</u>	<u>NE 1/4 NE 1/4 Sec 30</u> Twn <u>16N</u> Rng <u>05W</u>
City State Zip Code	Distance Direction Nearest Town <u>6.8</u> Miles <u>N.E.</u> of <u>HOLLANDALE</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 5.14.13 Date drilling completed: 5.14.13 Hole depth: 112 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: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 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 60.95 feet to 105.10 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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BY: OLWR

STATE WELL REPORT

Part 2

County: Washington
 Permit #: GW-46926
 Driller: J. Newcome 0-773
 Date completed: 5-14-13
Copy information from block on Part 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: M230
 Aquifer: _____

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>Mike Theanissen</u>	Latitude: <u>33.12.49</u> Longitude: <u>90.44.51</u>
Mailing Address: <u>76 Theanissen Road</u>	Method of Location (check one): Conventional Survey _____
<u>Hollandale</u> <u>MS</u> <u>38748</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4, Sec 30 T 16N R 05W</u>
Telephone No. (____) _____	<u>6.8</u> Miles <u>N.E</u> of <u>Hollandale</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5/15/13 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60HP Setting Depth: 20 feet Number of Stages: 1

Pump Test Data for Non-Flowing Well

Date Well Tested: Not tested Duration (____ hours): _____ hours

Static Water Level (____ feet below surface) Pumping Water Level (____ feet below Land Surface)

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Total Pumping Rate: _____ Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet Not tested

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: Mecrometer Meter Serial Number: 13-05097

Meter Model Number/Name: _____ Type of Meter: Propeller type

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 100, etc): _____

Installation Date: 6/24 Meter installed by: Chicot Irrigation

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information, you are certifying that the meter was installed in accordance with manufacturer standards. For a full list of standards, visit the website.

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

Hubbard Stephens 741-P 6/28/13 Hubbard Stephens

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