

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 #: P 186
L. S. Elevation: _____
E-log #: _____

County: WASHINGTON
Permit #: GW-45700 ✓
Driller: J. NEWCOME 0.773
Date drilling completed: 3.27.12

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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Eastland, Lynn and Davis Nunnery</u> Mailing Address: <u>PO Box 427</u> <u>Hollandale MS 38748</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 09' 47"</u> Longitude: <u>90° 49' 52"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE</u> ¼ <u>NE</u> ¼ Sec <u>08</u> Twn <u>15N</u> Rng <u>06W</u> <u>SW</u> <u>NW</u> <u>9</u> Distance Direction Nearest Town <u>1</u> Miles <u>East</u> of <u>Hollandale</u></p>
--	--

Well / Borehole Data

Date drilling started: 3.27.12 Date drilling completed: 3.27.12 Hole depth: 112 Hole diameter: 24"
Location of the source of any surface water used for drilling: CANAL
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 70 feet to 110 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***

RECEIVED
MAY 23 2012
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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Washington
 Permit #: GW-45700
 Driller: J. Newcome 0-773
 Date completed: 3-27-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P18b
 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>Eastland, Lynn and Davis Nannery</u>	Latitude: <u>33 09 47</u> Longitude: <u>90 49 52</u>
Mailing Address: <u>P.O. Box 427</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hollandale MS 38748</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>08</u> T <u>15N</u> R <u>06W</u>
Telephone No. (____) _____	<u>SW</u> <u>NW</u> <u>9</u>
	Distance _____ Direction <u>East</u> Nearest Town <u>Hollandale</u>
	<u>1</u> Miles _____ of _____

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	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"/>	<u>Electric Motor</u> <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: <u>40</u>
Date Pump Installed: <u>4/5/12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For 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	

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.

Cony Rowe 0-773 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

0-711P

RECEIVED
 MAY 23 2012
 Form: OLWR-SWR-1C (07-09)
 BY: OLWR