



STATE WELL REPORT

County: Wayne
 Permit #: _____
 Driller: David West
 Date drilling completed: 5-23-2018

Driller's Log
 STATE OF MISSISSIPPI
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 JACKSON, MS 39225-2309
 GARY C. RICHARD, EXECUTIVE DIRECTOR
 (601) 961-5555
 (601) 961-5228 (fax)

For Office Use Only:
 Well #: H 219
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>William Coan Jr.</u>	Latitude: <u>31-43-01</u> Longitude: <u>88-38-57</u>
Mailing Address: <u>602 Coan Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro</u> MS <u>39369</u>	USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW</u> ^{NE} <u>SW</u> ^{SW} , Sec <u>25</u> T <u>9N</u> R <u>9W</u>
Telephone No. (601) <u>310-7024</u>	<u>1</u> Miles <u>N</u> of <u>Waynesboro</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-22-2018 Date drilling completed: 5-23-2018 Hole depth: 135' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Community water

Method of dosing and volume of Chlorine used in drilling and development: Tabs 500ppm

Logs run (check all applicable): 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 1.02 feet above or below land surface Date measured: 5-23-2018

(check one)

Method of measurement (check one) Steel tape Electric tape Air line other (describe): Sonar

Well depth: 135 Well grouted to a depth of: 20 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .030 inches Setting depth: From 95 feet to 135 feet

Type of completion (check all applicable) gravel packed Underreamed 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 (4/13)



STATE WATER REPORT

Part 2

STATE OF MISSISSIPPI
Mississippi Department of Environmental Quality
Office of Land and Water Resources
JACKSON, MISSISSIPPI 39225-2309
(601) 961-5210
(601) 360-0535 (fax)

For Office Use Only:
Well #: H219
Aquifer: _____

County: Wayne
Permit #: _____
Driller: David West
Date completed: 5-23-2018
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: William Crain Sr., 62 Crain Dr., Waynesboro MS 39369, Telephone No. (601) 310-7034
Well Location: Latitude: 31-43-01, Longitude: 88-38-57, Method of Lat/Long: Conventional Survey, USGS quad: SWNE 1/4, NW SW 1/4, Sec 25 T 9N R 7W, 1 Miles N of Waynesboro

Pump Type (check one): Submersible Turbine [X], Air Lift [], Centrifugal [], Flowing Well [], Jet [], Piston [], Rotary [], Other []
Date Pump Installed: 5-23-2018, Rated Pump Capacity: 10 Gallons Per Minute
Is This Pump (check one): New [X], Repaired [], Replacement []

Power Type (check one): Electric [X], Diesel [], Gasoline [], Natural Gas [], Tractor PTO [], Windmill [], Other []
Horse Power Rating of Motor: 1, Setting Depth: 120 feet, Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: _____, Duration of Pump Test (minimum 4 hours): _____ hours
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
Method of measurement (check one): Steel tape [], Electric tape [], Air line [], Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____, Meter Serial Number: _____
Meter Model Number/Name: _____, Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____, Meter installed by: _____
Is This Meter (check one): New [], Repaired [], Replacement []
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
David West 0-692 5-23-2018 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)