

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: WAYNE  
Permit #: 01205  
Driller: Gilbert CARR  
Date drilling completed: 7-26-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q-237  
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>JERRY McEWAIN</u>	Latitude: <u>088° 31' 113"</u> Longitude: <u>31° 41' 013"</u>
Mailing Address: <u>777 DYCESS BRIDGE RD</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (circle one): <u>07</u> Conventional Survey, <u>01</u> USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 3</u> Twn <u>8 N</u> Rng <u>6 W</u>
Telephone No. <u>(601) 271 0496</u>	Distance _____ Direction _____ Nearest Town _____ <u>3 1/2</u> Miles <u>EAST</u> of <u>WAYNESBORO</u>
Well / Borehole Data	
Date drilling started: <u>7-25-07</u> Date drilling completed: <u>7-26-07</u> Hole depth: <u>206</u> Hole diameter: <u>6 3/4</u>	
Location of the source of any surface water used for drilling: <u>2000 GA1 Well WATER</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Treated mud PIAN 250 GA1 90% HT #7</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): <u>Home</u> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>118</u> feet above or below (circle one) land surface Date measured: <u>7-26-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape _____ air line _____ other: _____	
Well depth: <u>206</u> Well grouted to a depth of <u>20</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite _____ Mix _____	
Casing length: <u>175</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC SCH 40</u>	
Screen length: <u>N/A</u> feet Screen diameter: <u>N/A</u> inches Type of screen: <u>N/A</u>	
Screen slot size: <u>N/A</u> inches Setting depth: From <u>N/A</u> feet to <u>N/A</u> feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ <u>Open hole</u> <u>Natural Development</u> Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: WAYNE  
 Permit #: 0.205  
 Driller: GILBERT CARR  
 Date completed: 8-27-07  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-237  
 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>JERRY McILWAIN</u>	Latitude: <u>0 88 31.113</u> Longitude: <u>31-41-013</u>
Mailing Address: <u>727 DIXIESS BRIDGE RD</u> <u>WAYNESBORO MS 39367</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____ <u>NE 1/4 SW 1/4 Sec 3 T8N R6W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 671-0496</u>	<u>3 1/2</u> Miles <u>EAST</u> of <u>WAYNESBORO MS</u>

Pump Type Circle one	Power Type Circle one
<u>Air Lift</u> Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-4-07</u>	Setting Depth: <u>175</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-26-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>118</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>165</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>47</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>47</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Gilbert Carr 0.205  
 Print Name of Pump Installer and License No. (if applicable)

Gilbert Carr  
 Signature of Pump Installer

Form: OLWR-SWR-1B

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