

well # 2

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 #: T107
L. S. Elevation: _____
E-log #: _____

County: Wayne
Permit #: 5496
Driller: Earl Moseley
Date drilling completed: 5-12-15

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>SHANE MCGA</u>	Latitude: <u>31° 33' 38"</u> Longitude: <u>88° 32' 52"</u>
Mailing Address: <u>010 45</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>WVA BUCKATUNNA MS 39322</u>	<u>NW 1/4 SE 1/4 Sec 24 Twn 7N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () <u>N/A</u>	<u>1</u> Miles <u>SW</u> of <u>BUCKATUNNA</u>

Well / Borehole Data

Date drilling started: 5-12-15 Date drilling completed: 5-12-15 Hole depth: 88' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE ORCHAR RD
Method of dosing and volume of Chlorine used in drilling and development: 402 HTA PER 1000

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: AG

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

Static Water Level: 19' feet above or below (circle one) land surface Date measured: 5-12-15

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 88' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 78 feet to 88 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 #: J107

Elevation: _____

County: Wayne

Permit #: 5496

Driller: Earl Moseley

Date completed: 5-19-15

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	Well Location
Owner Name: <u>SHANE M'CAA</u>	Latitude: <u>31.33.388</u> Longitude: <u>088.32.512</u>
Mailing Address: <u>Old Hwy 45</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Buckatanna MS 39322</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>1/4 SE 1/4 Sec 24 T 72 R 6W</u>
Telephone No. () <u>N/A</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>SW</u> of <u>Buckatanna</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>5-19-15</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-19-15</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>19</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>41</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>48</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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)

Signature of Pump Installer