

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: Winston
Permit #: _____
Driller: Thomas Drilling
Date drilling completed: 7-15-15

For Office Use Only:

Aquifer: R 160
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.

<p style="text-align: center;">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Lester Holderness</u> Mailing Address: <u>259 Ferguson Rd</u> <u>Louisville MS 39339</u> City State Zip Code Telephone No. (601) <u>803-1093</u></p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Well or Borehole Location: <u>33 00 34</u> <u>53</u> Latitude: <u>33° 06' 54" N</u> Longitude: <u>88° 52' 02" W</u> Method of Lat/Long (circle one): Conventional Survey, <u>Hand held GPS</u>, Survey-grade GPS USGS quad, <u>Hand held GPS</u>, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 6 Twn 13N Rng 14E</u> Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>VERNON</u></p>
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Well / Borehole Data

Date drilling started: 7-15-15 Date drilling completed: 7-15-15 Hole depth: 125' Hole diameter: 4"

Location of the source of any surface water used for drilling: Thomas Drilling
Method of dosing and volume of Chlorine used in drilling and development: 1 lb in tender to wash

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: 35 feet above or below (circle one) land surface Date measured: 7-15-15

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

Well depth: 125 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 105 feet to 125 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*

Form: OLWR-SWR-1A (04/08)

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: Winston
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 7-15-15
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B16
 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>Lester Holdness</u>	Latitude: <u>33° 0.6548'</u> Longitude: <u>88° 53.8824'</u>
Mailing Address: <u>259 Ferguson Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Louisville MS 37339</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 803-1593</u>	_____ 1/4 _____ 1/4 Sec <u>6</u> T <u>13N</u> R <u>14E</u>
	Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Vernon</u>

Pump Type Circle one	Power Type Circle one
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</u> Motor <input checked="" 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>2 HP 3P</u>
Date Pump Installed: <u>7-15-15</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-15-15</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>37</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> 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.

David S. Thomas O-147 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)