

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: G146  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Alcorn  
Permit #: \_\_\_\_\_  
Driller: Scott Holcomb  
Date drilling completed: 6-23-15

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mike Meter</u>	Latitude: <u>34-52-47.341</u> Longitude: <u>88-35-35.361</u>
Mailing Address: _____ <u>15 CR 567</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Corinth</u> <u>Ms.</u> <u>38834</u>	<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>29</u> T <u>2S</u> R <u>7E</u>
City State Zip Code	<u>2</u> Miles <u>E.</u> of <u>Kossuth</u>
Telephone No. <u>(662) 284-6445</u>	(Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 6-22-15 Date drilling completed: 6-23-15 Hole depth: 240' Hole diameter: 2 1/4"  
Location of the source of any surface water used for drilling: Lake on Property  
Method of dosing and volume of Chlorine used in drilling and development: > 5 ppm  
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_  
Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
Other (describe): Chicken Barn  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 63 feet [above or below] land surface Date measured: 6-24-15  
(circle one)  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
Well depth: 240 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 200 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 240 feet to 200 feet  
Type of completion (circle 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

RECEIVED  
BY OLWR  
Form: OLWR-SWR-1A (4/13)

County: Alcorn

Permit #: \_\_\_\_\_

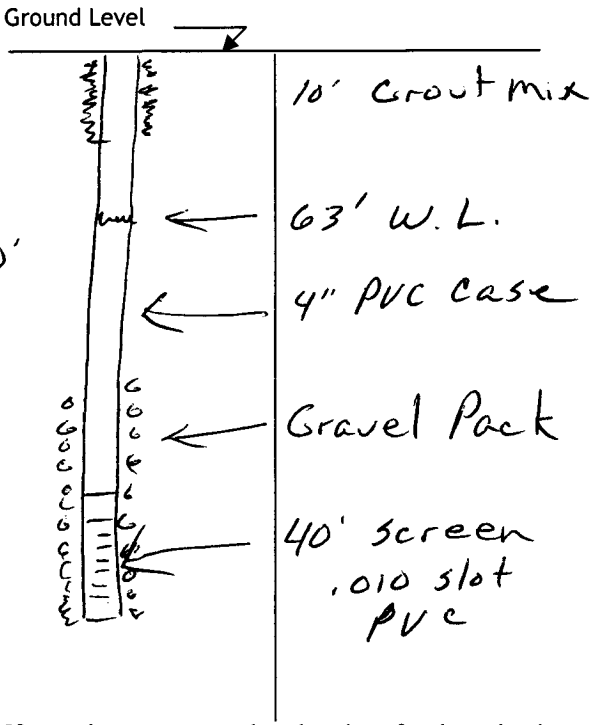
**For Office Use Only:**

Well #: G146

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

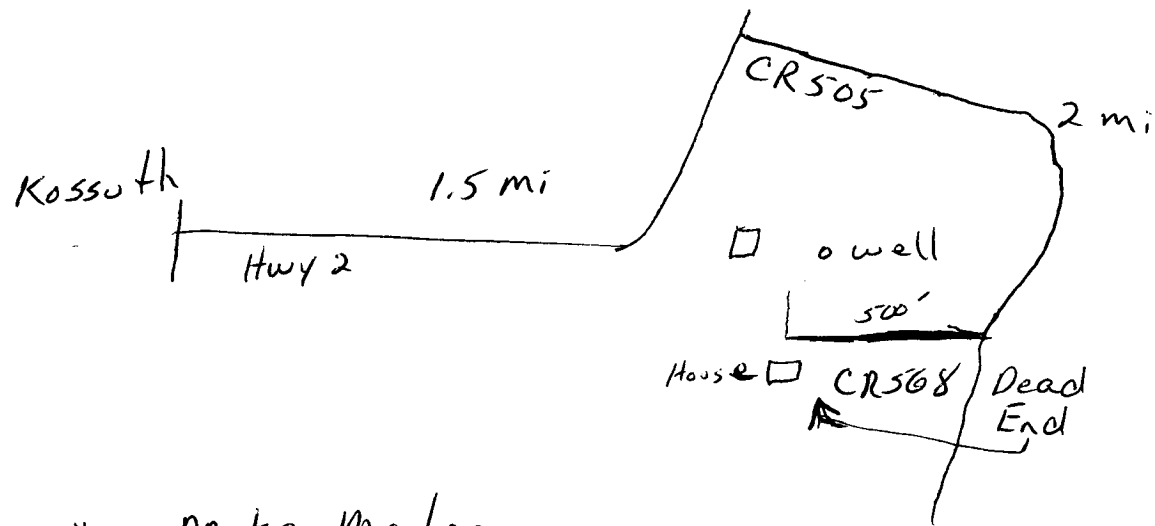


Description of Formations Encountered	From (depth)	To (depth)
Top Clay	Ground level	25
Grey clay	25	110
Silty sand	110	190
Coffee sand	190	240

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: Mike Meteer

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Scott Holcomb UNR 6593  
Print Name of Responsible Licensee and License No.

7-6-15  
Date

Scott Holcomb  
Signature of Licensee

# 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: G146

Aquifer: \_\_\_\_\_

County: Alcorn  
 Permit #: \_\_\_\_\_  
 Driller: Scott Holcomb  
 Date completed: 6-24-15  
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>Mike Meeter</u>	Latitude: <u>34-52'47.341</u> Longitude: <u>88-35'35.361</u>
Mailing Address: _____ <u>15 CR 567</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Corinth</u> <u>ms</u> <u>38834</u> City State Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. <u>(662) 284-6445</u>	<u>2</u> Miles <u>E</u> of <u>Kossuth</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 6-24-15 Rated Pump Capacity: 20 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1 1/2 Setting Depth: 160 feet Number of Stages: 10

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-24-15 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 63 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 (circle 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 (circle 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.

Scott Holcomb UNR 6593 7-6-15 Scott Holcomb  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer