

# 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 #: F67  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 10-21-15

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BY: OLWR

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Ray Hoover</u>	Latitude: <u>31°12.958</u> Longitude: <u>91°01.870</u>
Mailing Address: _____	<u>31-12-57</u> <u>91-01-52</u>
<u>4690 Blaloe Ln.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Gloster MS 39638</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	NW ¼ NE ¼, Sec <u>23<sup>2a</sup></u> T <u>3N</u> R <u>2E</u>
Telephone No. <u>(601) 996-2076</u>	<u>1</u> Miles <u>N</u> of <u>Gloster</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>10-20-15</u> Date drilling completed: <u>10-21-15</u> Hole depth: <u>300</u> Hole diameter: <u>7 1/2"</u>
Location of the source of any surface water used for drilling: <u>running creek</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>180</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>10-21-15</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>300</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix
Casing length: <u>280</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.008</u> inches Setting depth: From <u>280</u> feet to <u>300</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

*If telescoped or more than one screen, describe on next page*

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The analysis focuses on identifying trends and patterns within the dataset.

The third section provides a detailed breakdown of the results. It includes several tables and charts that illustrate the findings. The data shows a clear upward trend in the key variables being measured over the period.

The fourth section discusses the implications of the findings. It suggests that the observed trends could be due to several factors, including changes in market conditions and internal organizational processes. Further research is recommended to explore these factors in more detail.

The fifth section concludes the report by summarizing the main points. It reiterates the importance of the data and the need for continued monitoring and reporting. The author expresses confidence in the accuracy of the findings and the value of the information provided.

Finally, the document includes a list of references and a list of appendices. The references cite the sources of the data and the methodologies used. The appendices provide additional information and data that supports the main text of the report.

The report is prepared by the research team and is intended for the use of the management and other stakeholders. It is a confidential document and should be handled accordingly.



# 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 #: F67  
Aquifer: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date completed: 10-21-15  
**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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Ray Hoover</u></p> <p>Mailing Address: _____ <u>4180 Blalock Lane</u> <u>Gloster MS 39638</u> City State Zip Code</p> <p>Telephone No. <u>(601) 996-2076</u></p>	<p style="text-align: center;"><b>Well Location</b> <u>91201-52</u></p> <p>Latitude: <u>31° 12.958</u> Longitude: <u>91° 01.870</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p><u>NW</u> ¼ <u>NE</u> ¼, Sec <u>23</u><sup>22</sup> T <u>3N</u> R <u>2E</u></p> <p><u>1</u> Miles <u>N</u> of <u>Gloster</u> (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

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

Date Pump Installed: 10-21-15 Rated Pump Capacity: 12 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 Setting Depth: 220 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-21-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 180 Feet Below Land Surface Pumping Water Level (B): 220 Feet Below Land Surface

Drawdown [(B) - (A)]: 194 Feet Below Land Surface Test Pumping Rate: 17 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.

James M. Wells 00005889 11-29-15 James M. Wells  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer