

Amite

352

P 121

County: pike  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date drilling completed: 7/22/21

### 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 #: RECEIVED  
 Date: DEC 28 2021  
 E-Log #: \_\_\_\_\_  
 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.

<p><b>Well Owner Information</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Garrison Whittington</u>          Mailing Address: <u>6875 Dickie Mills Rd</u>  <u>Magholia</u> <u>ms</u>          City State Zip Code          Telephone No. <u>(769) 244 1128</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31° 10' 16" N</u> Longitude: <u>90° 37' 36" W</u>          Method of Lat/Long (check one): Conventional Survey _____          USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____  <u>NE</u> ¼ <u>NW</u> ¼, Sec <u>5</u> T <u>2N</u> R <u>6E</u>          _____ Miles _____ of _____          (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 7/22/21 Date drilling completed: 7/22/21 Hole depth: 100 Hole diameter: 8"  
 Location of the source of any surface water used for drilling: Running Creek Water  
 Method of dosing and volume of Chlorine used in drilling and development: granule chlorine  
 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*

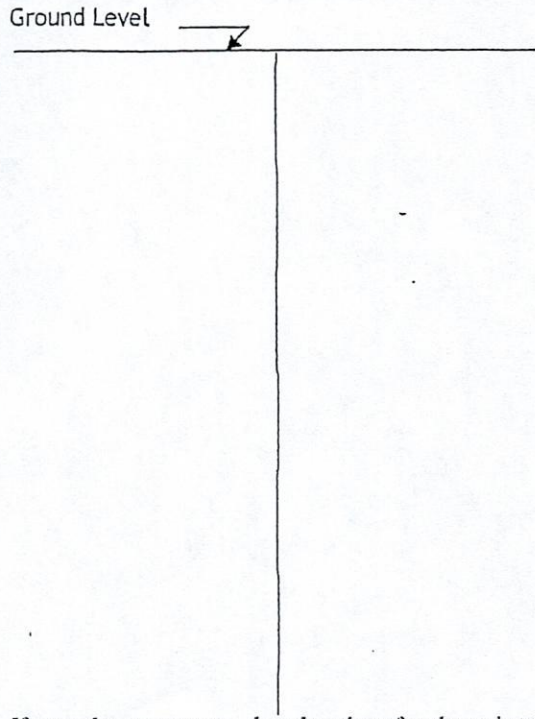
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
 Other (describe): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 40' feet [above or below land surface Date measured: 7/22/21  
 (circle one)  
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
 Well depth: 100' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 80' feet Casing diameter: 4 inches Type of casing: pvc  
 Screen length: 20' feet Screen diameter: 4 inches Type of screen: pvc  
 Screen slot size: .008 inches Setting depth: From 80' feet to 100' 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*

County: Pike  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

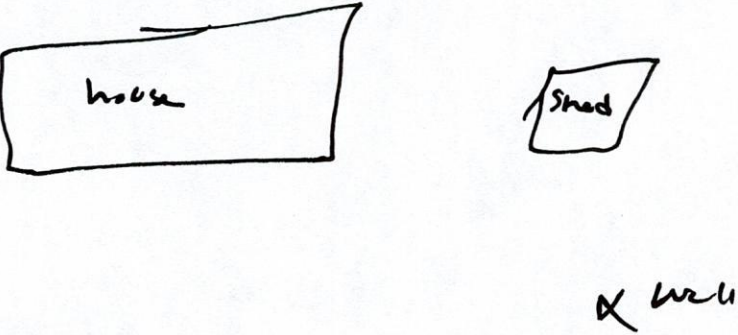


*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	10
Sand Gravel	10	50
Clay	50	60
Sand Gravel	60	100

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: \_\_\_\_\_

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.

James M. Wells 00005889 7/22/71 James M. Wells  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Amite

# 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 #: P 121

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

County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: \_\_\_\_\_  
*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>Carrison Whittington</u>	Latitude: <u>31° 10' 16" N</u> Longitude: <u>90° 37' 36" W</u>
Mailing Address: <u>6815 Dickie Mills Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Magnolia</u> <u>MS</u> City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>5</u> T <u>2N</u> R <u>6E</u>
Telephone No. ( <u>769</u> ) <u>244 1128</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 7/22/21 Rated Pump Capacity: 10 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: 3/4 Setting Depth: 60 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 7/22/21 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 50 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 10' Feet Below Land Surface Test Pumping Rate: 10 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 7/22/21 James M. Wells  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer