

ASH

# 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 #: G 45  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: John Thompson  
Date drilling completed: 7-1-14

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>Encara</u>	Latitude: <u>31°3'53.5"</u> Longitude: <u>91°1'18.7"</u>
Mailing Address: <u>14001 N Dallas Parkway</u> <u>Dallas TX 75240</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> 1/4 <u>NW</u> 1/4, Sec <u>13</u> T <u>1N</u> R <u>2E</u>
Telephone No. (____) _____	<u>3</u> Miles <u>SE</u> of <u>Centerville</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-24-14 Date drilling completed: 7-1-14 Hole depth: 448 Hole diameter: 7

Location of the source of any surface water used for drilling: Liberty fire hydrant

Method of dosing and volume of Chlorine used in drilling and development: added 10 gallons of bleach

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*

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Purpose of Well (circle all applicable): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_

Other (describe): rig supply

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

Static Water Level: 160 feet [above or  below land surface (circle one)] Date measured: 7-1-14

Method of measurement (circle one): Steel tape \_\_\_\_\_ Electric tape \_\_\_\_\_  Air line \_\_\_\_\_ Other (describe) \_\_\_\_\_

Well depth: 440 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement \_\_\_\_\_  Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 400 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 + .020 inches Setting depth: From 400 feet to 440 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*

7/8/2014

31°03'53.6"N 91°01'18.7"W - Google Maps

545

31°03'53.6"N 91°01'18.7"W

Explore this area

33

31°03'53.6"N  
91°01'18.7"W

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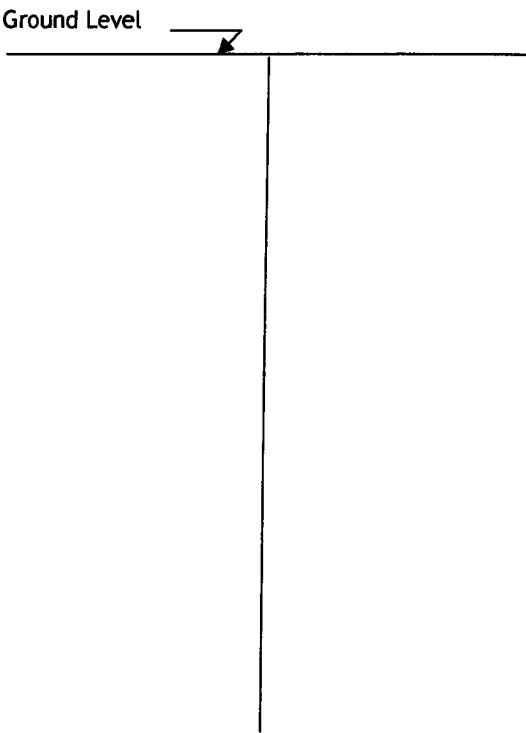
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County: Anite  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: Q45

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)
red clay & sand	Ground level	20
red sand	20	40
sand & gravel	40	95
clay	95	180
sand, clay & gravel	180	235
clay	235	300
clay & sand	300	320
sand clay & gravel	320	360
clay & sand	360	400
gravel & sand	400	420
Coarse sand & gravel	420	448

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

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Landowner Name: Encana

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.

John W Thompson 0-679      7-8-14      John Thompson  
 Print Name of Responsible Licensee and License No.      Date      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 #: GAS

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

County: Amite  
Permit #: \_\_\_\_\_  
Driller: John Thompson  
Date completed: 7-1-14  
**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>Encara</u>			Latitude: <u>31°3'53.5"</u>	Longitude: <u>91°1'18.7"</u>	
Mailing Address: <u>14001 N Dallas Pkwy</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Dallas TX 75240</u>			<u>SW 1/4 NW 1/4, Sec 13 T 1N R 2E</u>		
City _____	State _____	Zip Code _____	<u>3</u> Miles <u>SE</u> of <u>Centreville</u>		
Telephone No. (____) _____			(Distance)	(Direction)	(Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 7-1-14 Rated Pump Capacity: 55 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: 7.5 Setting Depth: 240 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 7-1-14 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 160 Feet Below Land Surface Pumping Water Level (B): 174 Feet Below Land Surface  
Drawdown [(B) - (A)]: 14 Feet Below Land Surface Test Pumping Rate: 50 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.**

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
John W Thompson 0-679 7-8-14 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer