

# State Well Report

## Part I - 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: 3rd Jasper  
Permit #: 475811 ✓  
Driller: Joel Jumper  
Date drilling completed: 7-25-13

For Office Use Only:  
Aquifer: A 153  
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.**

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Alvis DeFord</u> Mailing Address: <u>2543 West Lakeshore Drive</u> <u>Starkville Ms 39579</u> City State Zip Code Telephone No. ( ) _____	<b>Well or Borehole Location</b> Latitude: <u>34° 01' 40"</u> Longitude: <u>90° 48' 03"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, USGS quad <u>SE 1/4 NE 1/4 Sec 22W Twn 25N Rng 6W</u> Distance Direction Nearest Town <u>2 Miles SW of Duncan</u>
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**Well / Borehole Data**

Date drilling started: 7-25-13 Date drilling completed: 7-25-13 Hole depth: 115 Hole diameter: 28 in

Location of the source of any surface water used for drilling: Nearest Well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 36 feet above or below (circle one) land surface Date measured: 7-25-13

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

Well depth: 115 Well grouted to a depth of 16 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 75 feet to 70 115 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**

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# 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 #: A153  
 Aquifer: \_\_\_\_\_

County: BOLIVAR  
 Permit #: GW-47586 ✓  
 Driller: JOEL JUMPER  
 Date completed: 7-25-13  
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>ALLIS DEFORD</u>	Latitude: <u>34° 01' 37.6"</u> Longitude: <u>90° 48' 2.24"</u>
Mailing Address: <u>177 WEST LAKESIDE DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Starkville</u> <u>MS</u> <u>39759</u>	<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>22</u> $\checkmark$ T <u>25N</u> R <u>06W</u>
City State Zip Code	<u>2</u> Miles <u>W</u> of <u>DUNCAN</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: 7-26-13 Rated Pump Capacity: 1000 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: 60 Setting Depth: 70 feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 36 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: N/A 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

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*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.

DAVID P. HOLT 0-752P 7-24-13 \_\_\_\_\_

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

13-0493



Dean A. Pennington, PhD  
Executive Director

P. O. Box 129  
Stoneville, MS 38776

Tel.: (662) 686-7712  
Fax: (662) 686-9078  
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

A153

July 24, 2013

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BY: OLWR

**Alvis Deford**  
2543 West Lakeshore Drive  
Starkville MS 39579

**RE: Well Construction / Authorization to drill**

**Permit No: GW-47586(Replacement for GW-09380)**

Dear **Mr. Deford**,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

**Location: SE 1/4 of the NE1/4 Section 22 Township 25N Range 06W County Bolivar**  
**Latitude: 34 01 40 Longitude: 90 48 03**

A copy of this notice or a water use permit must be attached to the State Well Report submitted by your driller. This report is a requirement of the State Well Drillers Regulations. A copy of this report **must** be mail or faxed to YMD Joint Water Management District.

All Applications must meet the **Mississippi Department of Environmental Quality** rules and regulations. If no adverse comments are received the application will be presented to the Mississippi Department of Environmental Quality State Permit Board for approval.

If you have any questions please call me at (662) 686-7712.

Sincerely,

Dillard D. Melton Jr.  
Permitting Director