

147

C 217

# 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)961-5555  
(601)961-5228 (fax)

### For Office Use Only:

Well #: \_\_\_\_\_  
Aquifer: \_\_\_\_\_  
E-Log #: DEC 14 2021

**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<br><small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location   |
|--|---|
| Owner Name: <u>CT Donna Farms</u>  | Latitude: <u>33°54'42.3"</u> Longitude: <u>90°57'36.45"</u>                                 |
| Mailing Address: <u>469 Dattle Rd</u>  | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>Rosedale MS 38769</u>   | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code  | <u>MW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec. <u>19</u> T <u>24N</u> R <u>7W</u>   |
| Telephone No. <u>(662) 721-8025</u>  | <u>.7</u> Miles <u>SE</u> of <u>Huy/1 on Waxhaw Rd.</u>                                     |
|  | (Distance) (Direction) (Nearest Town)   |

| Well / Borehole Data   |
|--|
| Date drilling started: <u>11-4-21</u> Date drilling completed: <u>11-5-21</u> Hole depth: <u>120'</u> Hole diameter: <u>26"</u>  |
| Location of the source of any surface water used for drilling: <u>Nearby Well</u>  |
| Method of dosing and volume of Chlorine used in drilling and development: _____  |
| Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>No log run</u> |
| Name of organization running log(s): _____   |
| Purpose of borehole (check 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 Other (describe) _____   |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i>   |
| Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" 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>30</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>11-19-21</u>   |
| (check one)  |
| Method of measurement (check one): <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____  |
| Well depth: <u>120</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix   |
| Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>   |
| Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>   |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>70</u> feet to <u>120</u> feet   |
| Type of completion (check 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: <u>NA</u> feet   |
| <i>If telescoped or more than one screen, describe on next page</i>  |



# 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 #: C 217

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

**RECEIVED**

County: Bolivar  
 Permit #: MSGW51747  
 Driller: Fred Mitchell  
 Date completed: 11-19-21  
*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.*

|   |  |   |  |
|---|--|---|--|
| <b>Well Owner Information</b><br>Owner Name: <u>C.T. Donna Farms</u><br>Mailing Address: <u>4169 Dattle Rd.</u><br><u>Rosedale MS 38769</u><br>City State Zip Code<br>Telephone No. (662) <u>721-8025</u> |  | <b>Well Location</b><br>Latitude: <u>33°54'47.3"</u> Longitude: <u>90°57'36.45"</u><br>Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____<br><u>NW</u> ¼ <u>SE</u> ¼, Sec <u>19</u> T <u>24N</u> R <u>7W</u><br><u>7</u> Miles <u>SE</u> of <u>Hwy 1 on Waxhaw Rd</u><br>(Distance) (Direction) (Nearest Town) |  |
|---|--|---|--|

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 11-19-21 Rated Pump Capacity: 800 Gallons Per Minute  
 Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 60 hp Setting Depth: 70' feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: Not tested Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 30 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 (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: NA feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: No meter 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 (check 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.  
Clayton Miller 0-703 12-13-21 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer