

# 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)

138

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: W. Bryant  
Date drilling completed: 4-5-20

### For Office Use Only:

Well #: E 253  
Aquifer: \_\_\_\_\_  
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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Morris Leden Hodges</u>	Latitude: <u>33° 52.67' N</u> Longitude: <u>90° 46.74' W</u>
Mailing Address: <u>309 W. Langston St.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Mound Bayou</u> <u>MS</u> <u>38762</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SE</u> 1/4, Sec <u>132</u> T <u>23 N</u> R <u>6 W</u>
Telephone No. <u>323</u> <u>788-6837</u>	<u>3</u> Miles <u>W</u> of <u>Mound Bayou</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>4-5-20</u> Date drilling completed: <u>4-5-20</u> Hole depth: <u>125'</u> Hole diameter: <u>7"</u>
Location of the source of any surface water used for drilling: <u>Nearby ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>None</u>
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>None</u>
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (check one): <input 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>38'</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>4-5-2020</u>
(check one)
Method of measurement (check one): <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>125'</u> Well grouted to a depth of: <u>12</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>105</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC SCH 40</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>
Screen slot size: <u>.013</u> inches Setting depth: From <u>105</u> feet to <u>125</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>0</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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Well 井

Form: OLWR-SWR-1B (4/13)



# 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)

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: W. Bryant  
Date completed: 4-5-20  
Copy information from block on Part 1

### For Office Use Only:

Well #: E 253  
Aquifer: \_\_\_\_\_

*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>Mom's Leden Hodges</u>			Latitude: <u>33° 52.67' N</u>	Longitude: <u>090° 46.74' W</u>
Mailing Address: <u>309 Lampton St.</u>			Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <u>58</u>	
City: <u>Mound Bayou</u> State: <u>MS</u> Zip Code: <u>38762</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <u>43 55</u>	
Telephone No. <u>(323) 788-6837</u>			<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec. <u>132</u> T <u>23</u> N R <u>6</u> W <u>3</u> Miles <u>W</u> of <u>Mound Bayou</u> (Distance) (Direction) (Nearest Town)	

**Pump Type (check one)**  
 Submersible ☒ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): \_\_\_\_\_  
 Date Pump Installed: 4-5-20 Rated Pump Capacity: 45 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: 5 Setting Depth: 80 feet Number of Stages: 18

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 4-18-20 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 38 Feet Below Land Surface Pumping Water Level (B): 41 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 3 Feet Below Land Surface Test Pumping Rate: 58 Gallons Per Minute  
 Method of measurement (check one): Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): water level meter

**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 (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.

Willie L. Bryant 0-639 4-20-20 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer