

# 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 #: R 256  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: Charles M. Nichols  
Date drilling completed: 6-27-17

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Jrey Payne</u>	Latitude: <u>33° 33' 56.12" N</u> Longitude: <u>91° 06' 13.85" W</u>
Mailing Address: <u>462 Avondale Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Greenville</u> <u>MS</u> <u>38703</u>	<u>NE 1/4 SW 1/4, Sec 24 T 20N R 9W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data
Date drilling started: <u>6-27-17</u> Date drilling completed: <u>6-27-17</u> Hole depth: <u>640</u> Hole diameter: <u>7 3/8</u>
Location of the source of any surface water used for drilling: <u>well</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle 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 <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input 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>61</u> feet [above or below] land surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>600</u> Well grouted to a depth of: <u>20</u> feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>570</u> feet Casing diameter: <u>4x2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.008</u> inches Setting depth: From <u>570</u> feet to <u>600</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>200</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

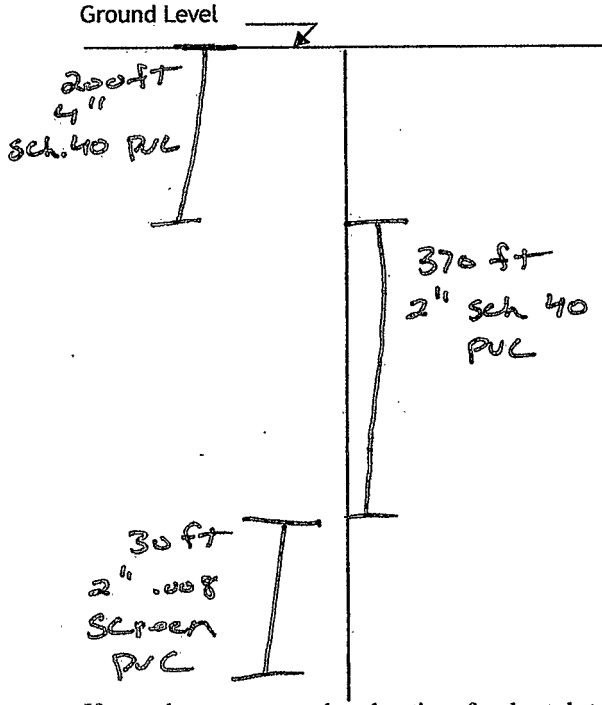
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JAN 24 2018  
BY OLWR

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

For Office Use Only:  
 Well #: R256

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)
Sandy Clay	Ground level	20
Med. Sand	20	40
Coarse Sand	40	115
Tight hard sand	115	120
Clay	120	260
Clay + shale	260	400
Sandy Shale	400	530
Fine sand	530	560
Med. Sand	560	600
Fine Sand	600	640

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: \_\_\_\_\_

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.

Charles m. nichols      0667      12-18-17      Charles M. Nichols  
 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 #: R 256  
Aquifer: \_\_\_\_\_

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: Charles M. Nichols  
Date completed: 6-27-17  
*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>Trey Payne</u>	Latitude: <u>33°33'56.12" W</u> Longitude: <u>91°06'13.85" W</u>
Mailing Address: <u>462 Avondale Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Greenville</u> City <u>Ms.</u> State <u>38703</u> Zip Code	<u>NE 1/4 SW 1/4, Sec 24 T 20N R 9W</u>
Telephone No. (____) _____	____ 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: 6-28-17      Rated Pump Capacity: 18 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      Setting Depth: 120 feet      Number of Stages: N/A

### Pump Test Data for Non Flowing Well

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

Static Water Level (A): \_\_\_\_\_ 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: \_\_\_\_\_      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.

Charles M. Nichols      8221      12-18-17  
Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer

W.P. 1234 1234 1234 1234

1234 1234 1234 1234

# Untitled Map

Write a description for your map.

R356

# Legend

Untitled Placemark

