

# STATE WELL REPORT

340

County: Clarke  
 Permit #: Travis West  
 Driller: 11-4-2021  
 Date drilling completed: \_\_\_\_\_

**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 #: H 61  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

RECEIVED  
 12-22-2021  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Pat Williams</u>	Latitude: <u>32.1109719</u> Longitude: <u>-88.6317066</u>
Mailing Address: <u>702 CR 145</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Quitman</u> MS <u>39355</u>	<u>SE</u> ¼ <u>SW</u> ¼, Sec. <u>11</u> T <u>3N</u> R <u>16E</u>
City <u>Quitman</u> State <u>MS</u> Zip Code <u>39355</u>	<u>7</u> Miles <u>NE</u> of <u>Quitman</u>
Telephone No. (____) <u>601 701-7047</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 11-4-2021 Date drilling completed: 11-4-2021 Hole depth: 248ft Hole diameter: 6 1/2in

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

Method of dosing and volume of Chlorine used in drilling and development: Tabs 50PPM

Logs run (check all applicable):  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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 57 feet  above or  below land surface Date measured: 11-4-2021  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): Sonar

Well depth: 248ft Well grouted to a depth of: 20 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 228 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 228 feet to 248 feet

Type of completion (check 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*

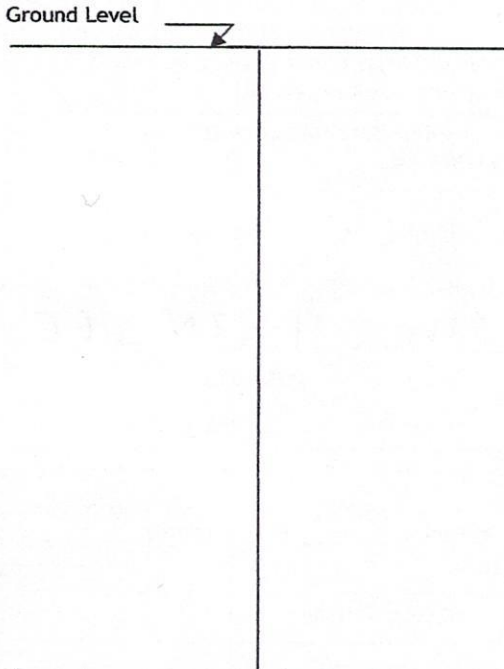
County: Clarke  
 Permit #: \_\_\_\_\_

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 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



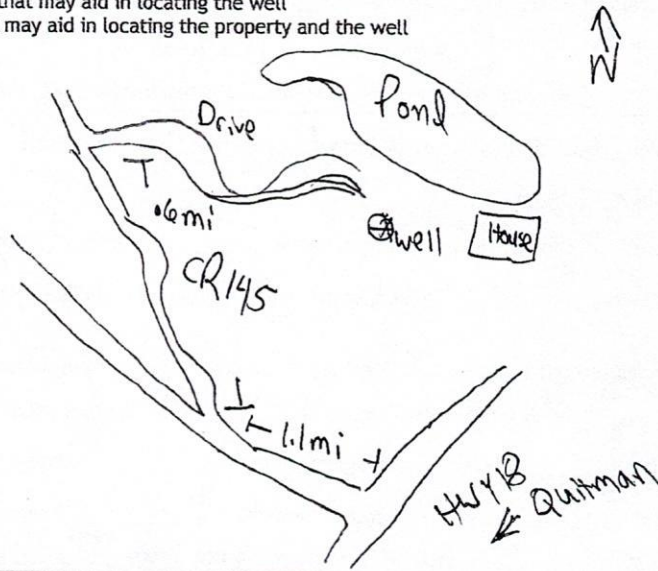
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Sandy	0	17
Clay	17	43
Clay with Rock	43	140
Sand- Fine	140	160
Sand- Coarse	160	170
Clay	170	176
Sand- Coarse	176	180
Sandy Clay	180	220
Sand-Medium	220	248

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



Landowner Name: Pat Williams

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.

Travis West. UNR-00010622

11-8-2021

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 #: H61  
 Aquifer: \_\_\_\_\_  
RECEIVED  
12-22-2021  
BY OLWR

County: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: Travis West  
 Date completed: 11-4-2021  
*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>Pat Williams</u>	Latitude: <u>32.1109719</u> Longitude: <u>-88.6317066</u>
Mailing Address: <u>702 CR 145</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Quitman</u> MS <u>39355</u>	USGS quad <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>11</u> T <u>3N</u> R <u>16E</u>
City State Zip Code	<u>7</u> Miles <u>NE</u> of <u>Quitman</u>
Telephone No. (601) <u>701-7047</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 11-5-2021 Rated Pump Capacity: 18 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: 1.5 Setting Depth: 200 feet Number of Stages: \_\_\_\_\_

**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 (check 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 (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.

Travis West UNR-00010622 11-8-2021   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer