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BY OLWR 463  
458

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)

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: David West  
Date drilling completed: 4-1-2019

For Office Use Only:  
Well #: J28  
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>Chad Stacey Roberson</u>		Latitude: <u>32.120128N</u> Longitude: <u>-88.565389W</u>	
Mailing Address: <u>194 Roberson Lane</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Quitman</u> State: <u>MS</u> Zip Code: <u>39355</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. (601) <u>678-5158</u>		<u>SE</u> 1/4 <u>NW</u> 1/4, Sec <u>9</u> T <u>3N</u> R <u>17E</u>	
		<u>10</u> Miles <u>NE</u> of <u>Quitman</u>	
		(Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 4-1-2019 Date drilling completed: 4-1-2019 Hole depth: 225' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Wellwater

Method of dosing and volume of Chlorine used in drilling and development: Tab 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: 156 feet  above or  below land surface Date measured: 4-1-2019  
(check one)

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

Well depth: 225' Well grouted to a depth of: 50 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 215 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Pvc

Screen slot size: .008 inches Setting depth: From 215 feet to 225 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

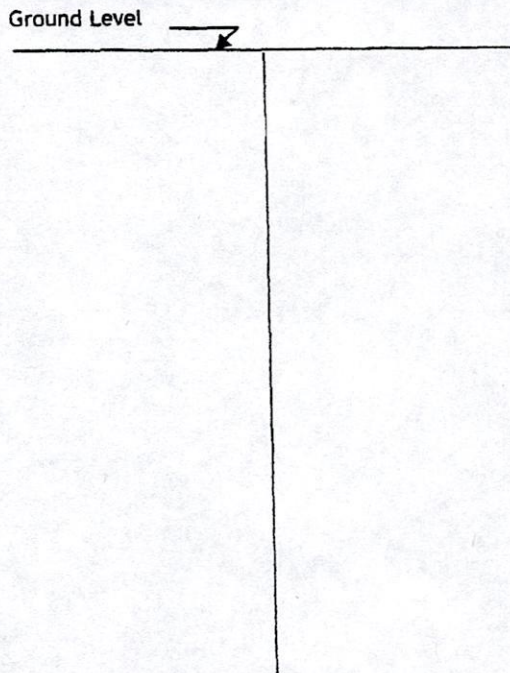
*If telescoped or more than one screen, describe on next page*

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

**For Office Use Only:**  
 Well #: J28

The sketch below only required for water wells

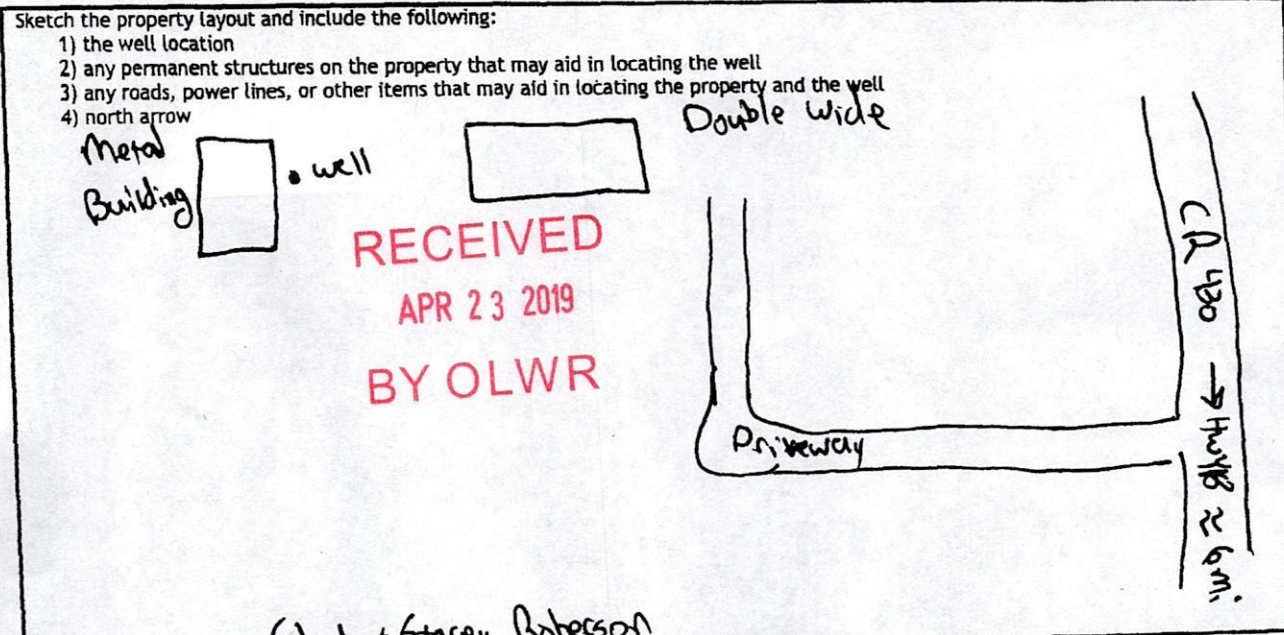
If well telescopes, show depths on sketch.



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)
Sand	Ground level	56
Clay w/fanspeckles	56	192
Sand	192	225

If more than one screen, show location of each on sketch



Landowner Name: Chad & Stacey Roberson

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.

David West 07672      4-8-2019      [Signature]  
 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)

County: Clare  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 4-7-2019  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: J28  
 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>Chad &amp; Stacey Roberson</u>	Latitude: <u>32.12028</u> Longitude: <u>-88.565389</u>
Mailing Address: <u>194 Roberson Lane</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>NW</u> ¼, Sec <u>9</u> T <u>3N</u> R <u>17E</u>
City State Zip Code	<u>10</u> Miles <u>NE</u> of <u>Quitman</u>
Telephone No. <u>(601) 678-5158</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 4-3-2019 Rated Pump Capacity: 10 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 Setting Depth: 190 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: APR 23 2019

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

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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 West 0-672 4-8-2019 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer