

260

# 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)

County: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv. Inc.  
 Date drilling completed: 10-26-21

**For Office Use Only:**  
 Well #: R 58  
 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>Noah Sterling</u>	Latitude: <u>31°57'16"N</u> Longitude: <u>88°39'40"W</u>
Mailing Address: <u>1600 Clarke County Road 694</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shubuta</u> <u>Ms.</u> <u>39360</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4, Sec 4 T 1 N R 16 E</u>
Telephone No. <u>(601) 917-4970</u>	<u>± 5 1/2</u> Miles <u>SE</u> of <u>Quitman</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10-12-21 Date drilling completed: 10-26-21 Hole depth: 208' Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: East Quitman WA

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle 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: 51' feet [above or  below] land surface Date measured: 10-21-21

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): Sonic

Well depth: 206' Well grouted to a depth of: 15' feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 186' feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 186' feet to 206' feet

Type of completion (circle 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*

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

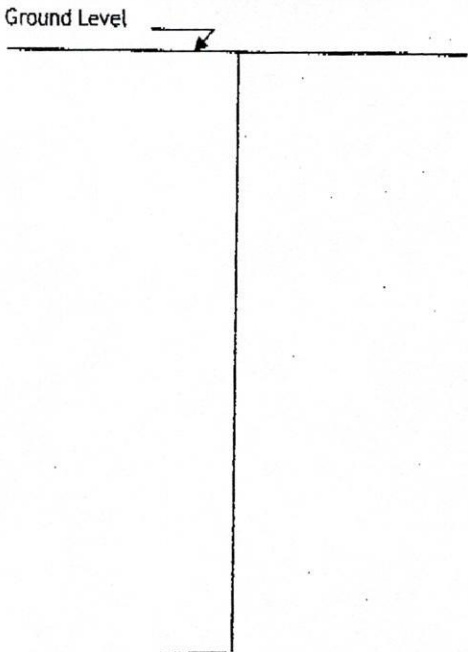
**RECEIVED**  
**OCT 27 2021**  
**BY OLWR**

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

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

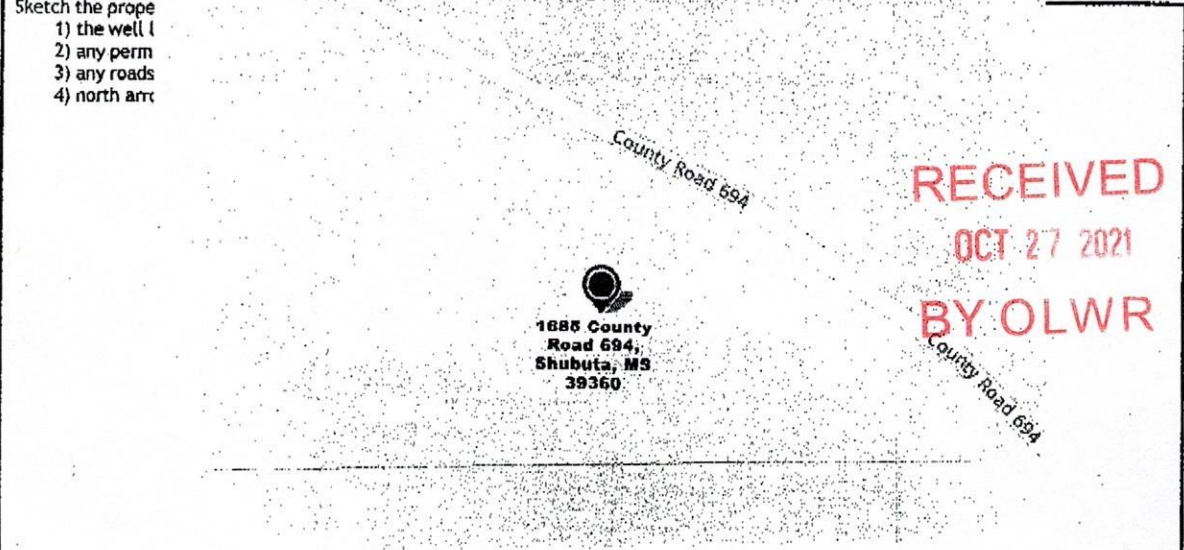


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red sandy clay	Ground level	12
Tan sand	12	18
Gray sand	18	36
Clay	36	82
gray clay w/sand	82	97
Sandstone	97	98
Sandy clay	98	169
Sand	169	174
Brown clay	174	176
Sand	176	206
Clay	206	208

If more than one

- Sketch the proper  
 1) the well  
 2) any perm  
 3) any roads  
 4) north arrow



Landowner Name: Noah Sterling

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.

Mike Baughman 587 10-26-21 [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

Form: OLWR-SWR-1A (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)

### For Office Use Only:

Well #: R 58  
 Aquifer: \_\_\_\_\_

County: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv. Inc  
 Date completed: 10-26-21  
*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.*

Well Owner Information	Well Location
Owner Name: <u>Noah Sterling</u>	Latitude: <u>31°57'16"N</u> Longitude: <u>88°39'40"W</u>
Mailing Address: <u>1600 Clarke County Road 694</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shobuta</u> <u>Ms.</u> <u>39360</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4, Sec 4 T1N R16E</u>
Telephone No. <u>(601) 917-4970</u>	<u>±5 1/2</u> Miles <u>SE</u> of <u>Quitman</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: \_\_\_\_\_ 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: 100 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 51 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): Some

**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.

Mike Baughman 587 10-26-21 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
 OCT 27 2021  
 BY OLWR