

# STATE WELL REPORT

287

County: Clay  
Permit #: \_\_\_\_\_  
Driller: Clardy Drill  
Date drilling completed: 9/12/18

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 #: 14175  
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>Orlen Joene</u>	Latitude: <u>N 33° 40' 20"</u> Longitude: <u>W 088° 38' 38"</u>
Mailing Address: <u>1465 Payne Field</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>W. Point, MS 39173</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 23 T 16 S R 6 E</u>
Telephone No. <u>662 436-9113</u>	<u>2</u> Miles <u>N</u> of <u>W. Point</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10/10/18 Date drilling completed: 10/12/18 Hole depth: 322 Hole diameter: 4"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: 2 1/2 # granular

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: 134 feet  above or  below land surface Date measured: 10/12/18  
(check one)

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

Well depth: 322 Well grouted to a depth of: 20 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 217 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 013 inches Setting depth: From 258 feet to 298 feet

Type of completion (check all applicable):  gravel packed  underreamed  open hole  Natural Development

Other (describe): Telescoped

Top of lap pipe or reduction in casing: 5 feet

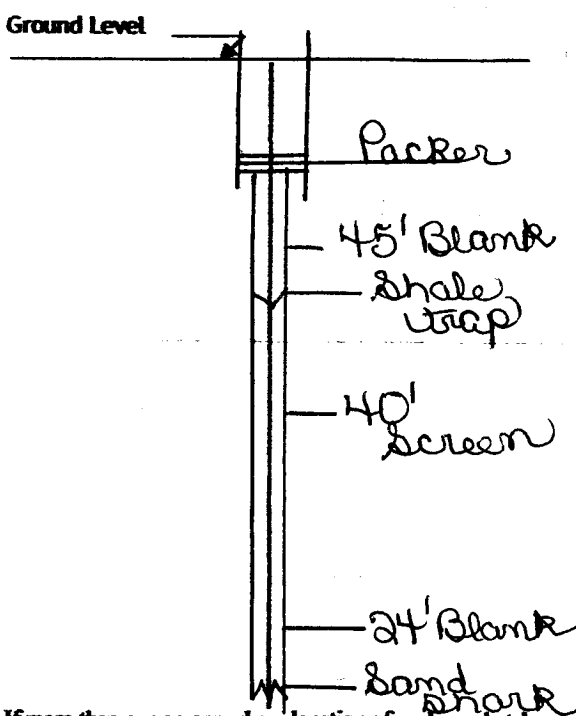
*If telescoped or more than one screen, describe on next page*

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

For Office Use Only:  
 Well #: H175

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

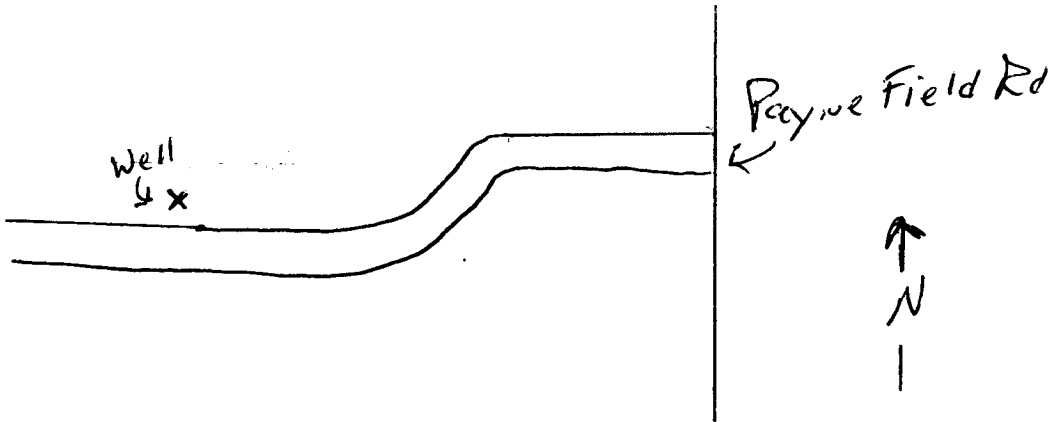


Description of Formations Encountered	From (depth)	To (depth)
White clay	Ground level	25
Blue clay	25	182
Sandy clay	182	216
Rock	216	216 1/2
Sandy clay	216 1/2	235
Fine sandy clay	235	257
Sand	257	262
Fine sandy clay	262	288
Sand streak	288	302
Sandy clay	302	322

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: Arden Jones

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.

Donald Clardy <sup>496</sup> LNR00000 10/25/18 Donald Clardy  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

RECEIVED  
OCT 20 2018  
OLWR

# 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  
(601)961-5210  
(601)961-5228 (fax)

County: Clay  
Permit #: 0  
Driller: Clardy  
Date completed: 10/19/18  
*Copy information from block on Part 1*

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: H175  
Elevation: \_\_\_\_\_

*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>Arden Howell</u>	N Latitude: <u>33° 40' 20.4"</u> Longitude: <u>088° 38' 38"</u>
Mailing Address: <u>1465 Payne Field</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>W. Point MS 3978</u>	<u>NW 1/4 Sec 23 T. 16 S. R. 6 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 436-9113</u>	<u>2</u> Miles <u>N</u> of <u>W. Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>10/17/18</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/12/18</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>134</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured slat in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Donald Clardy UNR00000496 Donald Clardy  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
Form: OLWR-SWR-1B (04/08)