

# 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)

#### For Office Use Only:

Well #: J166  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Clay  
Permit #: \_\_\_\_\_  
Driller: Clardy Drilling  
Date drilling completed: 5/18/18

*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>Rainie Whoddy</u>	Latitude: <u>N 33° 38.969</u> Longitude: <u>W 088° 34.183</u>
Mailing Address: <u>3990 Binton Rd</u>	<u>33-38-58</u> <u>88-34-11</u>
<u>W. Point, MS 39173</u>	Method of Lat/Long (check one): Conventional Survey _____
City: _____ State: _____ Zip Code: _____	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(662) 386-2825</u>	NW 1/4 NE 1/4, Sec <u>33 T16S R7E</u>
	<u>2 1/2</u> Miles NW of <u>W. Point</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data:
Date drilling started: <u>5/14/18</u> Date drilling completed: <u>5/18/18</u> Hole depth: <u>267</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>2 1/2# granular</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>None</u>
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input checked="" 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 (check 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>42</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>5/22/18</u>
Method of measurement (check 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>267</u> Well grouted to a depth of: <u>20</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>175</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>013</u> inches Setting depth: From <u>227</u> feet to <u>267</u> feet
Type of completion (check all applicable): <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): <u>Telescoped</u>
Top of lap pipe or reduction in casing: <u>5</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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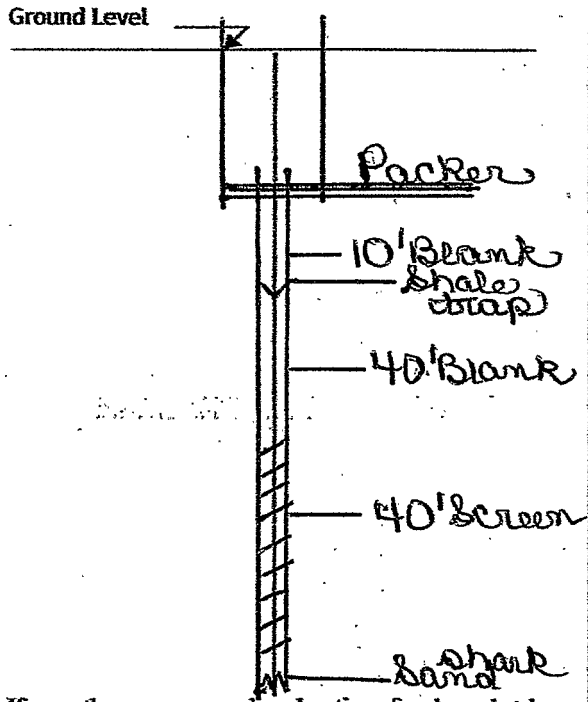
County: Clay  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: J166

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

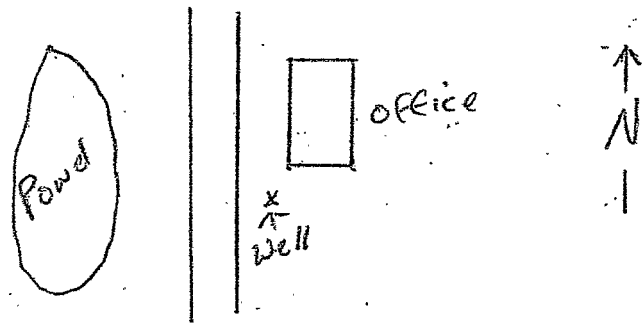


If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
Brown clay	Ground level	14
White clay	14	18
Blue clay	18	22
Thin sandy clay	22	46 1/2
Rock	46 1/2	49
Sandy clay	49	89
Rock	89	90 1/2
Sandy clay	90 1/2	98
Fair clay	98	102
Sandy clay	102	115
Clay	115	120
Sandy clay	120	138 1/2
Clay	138 1/2	140
Sandy clay	140	142
Fair clay	142	204
Sandy clay	204	206
Sand	206	214
Rocky clay	214	218
Clay	218	231
Sand streak	231	249
Sandy clay	249	259
Sand	259	266
Clay	266	267

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: Prairie Waddell

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.

LNK  
Donald B Clardy 00000496 6/8/18 [Signature]  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# STATE WELL REPORT

## Part 2

County: Clay  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Drilling  
 Date completed: 5/22/18  
*Copy information from block on Part 1*

**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 #: 5166  
 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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Prainie Waldorf</u>                  Mailing Address: <u>3990 Binton Rd.</u>  <u>W. Point, MS 39173</u>                  City State Zip Code                  Telephone No. <u>(662) 386-2825</u></p>	<p style="text-align: center;"><b>N 33-38-58 Well Location W 88-34-11</b></p> <p>Latitude <u>33° 38.969</u> Longitude: <u>088° 34.183</u>                  Method of Lat/Long (check one): Conventional Survey _____                  USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____                  NW ¼ NE ¼, Sec 33 T16S R 7E  <u>2 1/2</u> Miles <u>NW</u> of <u>W. Point</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (check one)**

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

Date Pump Installed: 5/22/18 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: \_\_\_\_\_ Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5/22/18 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 42 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.

Donald B Clardy LNRO0000496 6/8/18 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

