

# STATE WELL REPORT

## Part I

### Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P. O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-3710  
 (601)360 0535 (fax)

### For Office Use Only:

Well #: 0156  
 Aquifer: \_\_\_\_\_  
 F-Log #: \_\_\_\_\_

County: Cochran  
 Permit #: GW-48346  
 Driller: Clerence McMurtry  
 Date drilling completed: 7-17-14

State Law requires that this report be prepared by the licensee 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 <u>203C</u> (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Wolf Lake Farms</u>	Latitude: <u>34° 2' 22.59"</u>	Longitude: <u>90° 31' 03.80"</u>	
Mailing Address: <u>P.O. Box 329</u>	Method of Lat/Long (check one): <sup>23</sup> Conventional Survey <sup>C4</sup> _____		
<u>Lyon</u> MS <u>38645</u>	INGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
City State Zip Code	<u>SW 1/4 NW 1/4, Sec 16 T25N R03W</u>		
Telephone No. <u>(662) 902-3391</u>	<u>2.79</u> Miles (Distance)	<u>S</u> (Direction)	of <u>Dublin</u> (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7-17-14 Date drilling completed: 7-17-14 Hole depth: 106' Hole diameter: 82"

Location of the source of any surface water used for drilling: Hauled 1 mile away

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: 40 feet (above or ~~below~~ land surface) (circle one) Date measured: 7-26-14

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

Well depth: 106' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 66 feet to 106 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

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

Top of lap pipe or reduction in casing: N/A feet

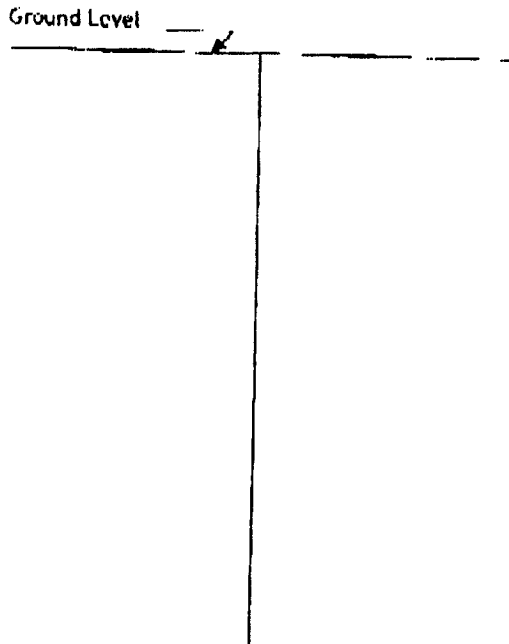
*If telescoped or more than one screen, describe on next page*

County Cochran  
 Permit #: GW-48346

For Office Use Only:  
 Well #: 0156

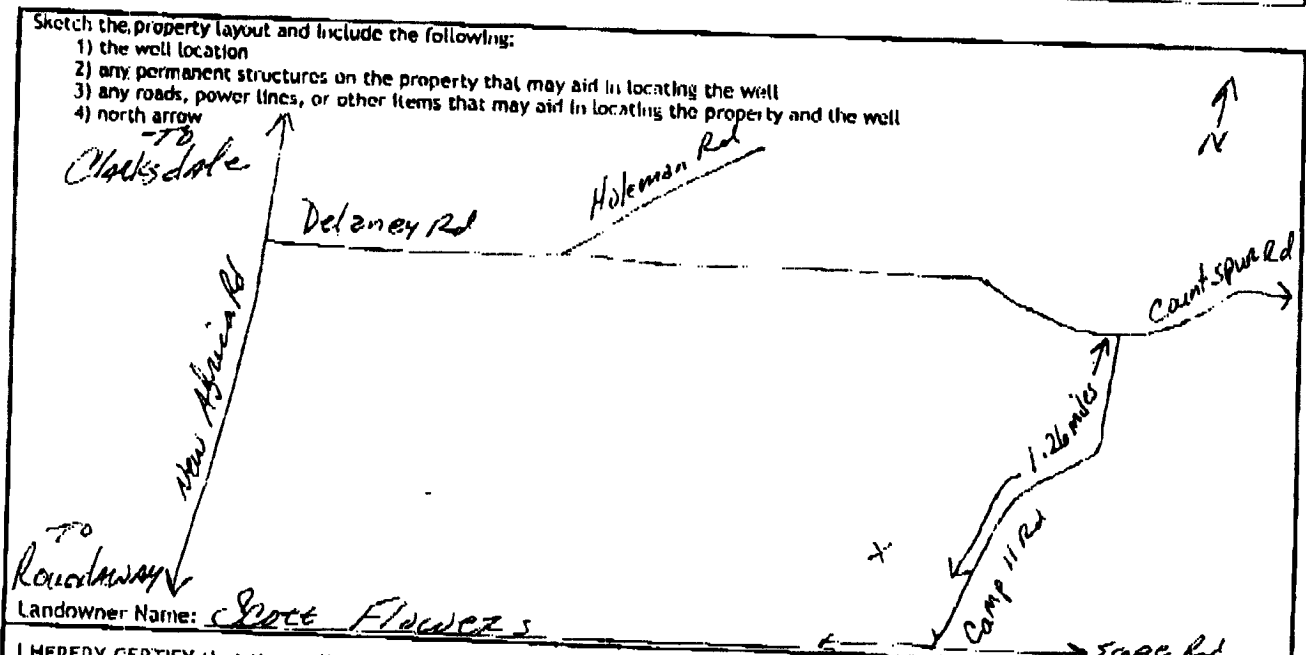
The sketch below only required for water wells  
 If well telescopes, show depths on sketch.

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)
Clay	Ground level	21
Clay & Fine Sand	21	33
Medium Sand	33	39
Medium/Coarse Sand & Pea Gravel	39	58
Medium/Coarse Sand & Gravel	58	71
Medium/Coarse Sand & Pea Gravel	71	78
Coarse Sand & Pea Gravel	78	104
Coarse Sand & Gravel	104	106

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



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.

Clayton Miller 0-703 7-29-14 Clayton Miller  
 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 39225-2409  
 (601) 961-5210  
 (601) 360-0535 (fax)

County: Cochitoc  
 Permit #: GW-48346  
 Driller: Jeff White  
 Date completed: 7-26-14  
 Copy Information from block on Part 1

**For Office Use Only:**  
 Well #: 0156  
 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>Wolf Lake Farms</u>			Latitude: <u>34° 2' 22.59"</u> Longitude: <u>90° 31' 03.80"</u>	
Mailing Address: <u>P.O. Box 329</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>Lyon</u> City	<u>MS</u> State	<u>38645</u> Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. <u>(662) 902-3391</u>			<u>SW 1/4 NW 1/4, Sec 16 T25N R03W</u>	
			<u>2.79</u> Miles <u>S</u> of <u>Dublin</u> (Distance) (Direction) (Nearest Town)	

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 7-26-14 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute  
 Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 15 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours  
 Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons Per Minute  
 Method of measurement (circle 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 (circle 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.  
Clayton Miller 0-703 7-29-14 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer