

# 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: Copiah  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 10-24-16

### For Office Use Only:

Well #: C28  
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Dearman Properties</u>	Latitude: <u>31° 58.84</u> Longitude: <u>90° 31.22</u>
Mailing Address: <u>10 Poplar Drive</u>	<u>31-58-50</u> <u>90-31-13</u>
<u>Hattiesburg</u> <u>MS</u> <u>39402</u>	Method of Lat/Long (check one): Conventional Survey _____
City      State      Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>22</u> <sup>29</sup> T. <u>12N</u> R. <u>3W</u> ✓
	<u>12</u> Miles <u>W</u> of <u>Crystal Springs</u>
	(Distance)      (Direction)      (Nearest Town)

### Well / Borehole Data

Date drilling started: 10-24-16 Date drilling completed: 10-24-16 Hole depth: 60 Hole diameter: 7/8"

Location of the source of any surface water used for drilling: running creek

Method of dosing and volume of Chlorine used in drilling and development: granule chlorine

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: 20 feet [above or  below] land surface    Date measured: 10-24-16  
(circle one)

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

Well depth: 60 Well grouted to a depth of: 10 feet    Type of grout (circle one):  Neat Cement     Bentonite     Mix

Casing length: 40 feet    Casing diameter: 4 inches    Type of casing: PVC

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

Screen slot size: .008 inches    Setting depth: From 40 feet to 60 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*

RECEIVED  
DEC 12 2016  
BY OLWR

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

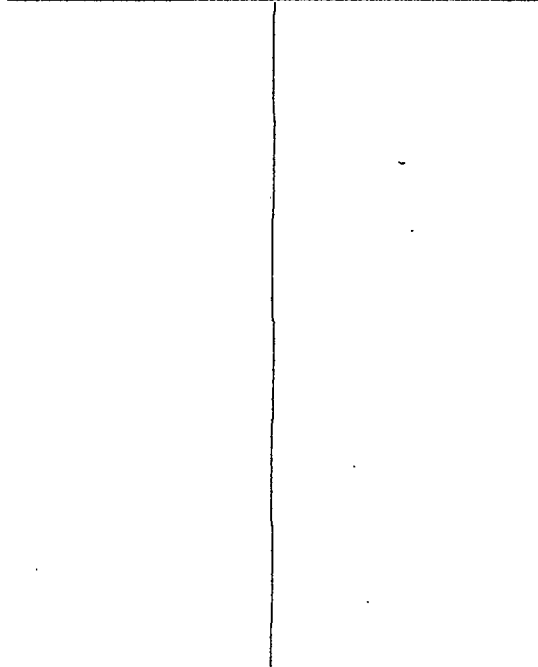
**For Office Use Only:**  
 Well #: 028

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.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
clay	1	35
sand	35	60

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



RECEIVED  
 DEC 12 2016  
 BY OLWR

Landowner Name: Dearman Properties

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.

James M. Wells 00005889 12-8-16 James M. Wells  
 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: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 10-24-16  
Copy information from block on Part 1

**For Office Use Only:**

Well #: 128  
 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>Dearman Properties</u>	Latitude: <u>31°58.84</u> Longitude: <u>90°31.22</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>10 Poplar Drive</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Hattiesburg MS 39402</u>	<u>SE 1/4 SE 1/4, Sec 12<sup>29</sup> T 12<sup>29</sup> N R 3W</u>
City State Zip Code	<u>12</u> Miles <u>W</u> of <u>Crystal Springs</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 10-24-16 Rated Pump Capacity: 12 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: 1 Setting Depth: 40 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-24-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 17 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

**RECEIVED**

**DEC 12 2016**

**BY OLWR**

*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.

James M. Wells 00005889 12-8-16 James M. Wells

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