

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

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J97  
L.S. Elevation: \_\_\_\_\_  
E-log #: J-0097

County: Copiah  
Permit #: \_\_\_\_\_  
Driller: Will Barlow  
Date drilling completed: 3-20-18

**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.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Tony McAlpin</u>	Latitude: <u>31° 92' 72"</u> Longitude: <u>90° 35' 06"</u> <u>31-55-38</u> <u>90-21-02</u>
Mailing Address: <u>1042 Thomas Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Crystal Springs, MS</u>	USGS quad: <u>(Hand-held) GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> <input checked="" type="checkbox"/> <u>NE</u> <input checked="" type="checkbox"/> <u>Sec 13</u> <u>Twn 1N</u> <u>Rng 2W</u>
Telephone No. (601) <u>892-3034</u>	Distance Direction Nearest Town <u>4</u> Miles <u>E</u> of <u>Galman</u>

**Well / Borehole Data**

Date drilling started: 2-25-18 Date drilling completed: 3-20-18 Hole depth: 200 Hole diameter: 7"

Location of the source of any surface water used for drilling: Public supply

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 (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 one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: III 02 2018

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 110 feet above of below (circle one) land surface Date measured: 3-19-18

Method of Measurement (circle one) steel tape   electric tape air line \_\_\_\_\_ other: \_\_\_\_\_

Well depth: 190 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite  Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of completion (circle all applicable): Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ 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*



# 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 #: 597  
 Aquifer: \_\_\_\_\_

County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date completed: 3-20-18  
 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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>Tony McAlpin</u>                  Mailing Address: <u>1042 Thomms Rd</u>  <u>Crystal Springs</u> MS                  City State Zip Code                  Telephone No. (601) <u>892-3034</u></p>	<p>31-55-38 Well Location 90-21-02                  Latitude: <u>319272</u> Longitude: <u>903506</u>                  Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____                  USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____  <u>SE</u> <math>\frac{1}{4}</math> <u>NE</u> <math>\frac{1}{4}</math>, Sec <u>13</u> T <u>1N</u> R <u>2W</u>  <u>4</u> Miles <u>E</u> of <u>Galman</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

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

Date Pump Installed: 3-20-18 Rated Pump Capacity: 10 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: 170 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 3-20-18 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 110 Feet Below Land Surface Pumping Water Level (B): 130 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 15 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: RECEIVED  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: JUL 02 2018  
 Is This Meter (circle one):  New  Repaired  Replacement  
 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.

Arnold Fincher Jr 0-560 3-30-18  
 Print Name of Pump Installer and License No. (if applicable) Date