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343

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date drilling completed: 7-22-21

# 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)961-5210  
 (601)360-0535 (fax)

**For Office Use Only:**  
 Well #: \_\_\_\_\_  
 Acquirer: DEC 28 2021  
 E-Log #: \_\_\_\_\_  
 BY OLWR  
R 41

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.

<p><b>Well Owner Information</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Kenny Hammond</u>          Mailing Address: <u>353 Hammond Dr.</u>  <u>Monticello MS 39654</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>31°48'55"N</u> Longitude: <u>90°12'42"W</u>          Method of Lat/Long (check one): Conventional Survey _____          USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____  <u>NE</u> ¼ <u>NE</u> ¼, Sec <u>29</u> T <u>10N</u> R <u>10E</u>          _____ Miles _____ of _____          (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 7-22-21 Date drilling completed: 7-22-21 Hole depth: 55 Hole diameter: 8 in  
 Location of the source of any surface water used for drilling: Running Creek Water  
 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: 190 feet [above or below] land surface Date measured: 7-22-21  
 (circle one)  
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
 Well depth: 550 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 530 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 530 feet to 550 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*







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# STATE WELL REPORT

Part 2

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 7-22-21  
*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 #: R 41  
 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>Kenny Hammond</u>	Latitude: <u>31°48'55" N</u>	Longitude: <u>90°12'42" W</u>	
Mailing Address: <u>353 Hammond rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Monticello</u> <u>ms</u> <u>39653</u>	<u>ME</u> ¼ <u>ME</u> ¼, Sec <u>29</u> T <u>10N</u> R <u>10E</u>		
City State Zip Code	_____ Miles of _____ (Distance) (Direction) (Nearest Town)		
Telephone No. (____) _____			

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 7-22-21 Rated Pump Capacity: 5 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: 12HP Setting Depth: 260 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 7-22-21 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 190 Feet Below Land Surface Pumping Water Level (B): 200 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 3 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.  
James M. Wells 00005889 7-22-21 James M. Wells  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer