

370

# 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)

#### For Office Use Only:

Well #: B 78  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: A-I Drilling Serv. Inc.  
 Date drilling completed: 6-23-20

*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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Ricky Ponder</u>	Latitude: <u>31° 41' 55" N</u> Longitude: <u>89° 38' 42" W</u>
Mailing Address: <u>58 Water Well Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mt. Olive</u> <u>Ms.</u> <u>39119</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW<sup>SE</sup> 1/4 SW 1/4, Sec 31 T 9N R 16W</u>
Telephone No. <u>(601) 797-3207</u>	<u>1.4</u> Miles <u>NW</u> of <u>Collins</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-22-20 Date drilling completed: 6-23-20 Hole depth: 200 Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Rural Water System

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): Chicken Houses

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

Static Water Level: 11 feet [above or  below] land surface Date measured: \_\_\_\_\_  
(circle one)

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

Well depth: 200' Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 180 feet to 200 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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County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

*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

Ground Level \_\_\_\_\_

Description of Formations Encountered	From (depth)	To (depth)
Tom clay	Ground level	32
Sandy clay	32	42
gray clay	42	63
gray clay w/sand streaks	63	124
Sand streak w/sand streaks	124	141
gray clay	141	182
Sand + pea gravel	182	200
Iron stained clay	200	206

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

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Landowner Name: Rocky Ponder

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.

Mike Baughman          6-26-20          *Mike Baughman*  
 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)

#### For Office Use Only:

Well #: B 78  
Aquifer: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: A Drilling Serv. Inc  
Date completed: 7-1-20  
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.*

Well Owner Information			Well Location		
Owner Name: <u>Ricky Ponder</u>			Latitude: <u>31°41'55"N</u> Longitude: <u>89°38'47"W</u>		
Mailing Address: <u>58 Water Well Rd.</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Mt. Olive</u> City	<u>Ms.</u> State	<u>39119</u> Zip Code	<u>SWSE 1/4 SW 1/4, Sec 31 T 9N R 16W</u>		
Telephone No. <u>(601) 797-3207</u>			<u>± 4</u> Miles <u>NW</u> of <u>Collins</u> (Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 7-1-20 Rated Pump Capacity: 45 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: 5 Setting Depth: 100 feet Number of Stages: 17

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 11 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 (circle one): Steel tape Electric tape Air line Other (describe): Some

**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: RECEIVED  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: JUL 02 2020  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: BY OLWR  
 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.  
Mike Baughman 6-26-20 Cheryl Baughman  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
 Form: OLWR-SWR-1B (4/13)