

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 #: C64
Aquifer:
E-Log #:

County: Covington
Permit #:
Driller: James M. Wells
Date drilling completed: 2-1-17

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)
Owner Name: Shows Poultry
Mailing Address: 1100 Hope well Rd. Collins MS 39420
Well or Borehole Location
Latitude: 31°43.36 Longitude: 89°28.15
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SE 1/4, Sec 23 T9N R15W

3

Well / Borehole Data
Date drilling started: 2-1-17 Date drilling completed: 2-1-17 Hole depth: 230 Hole diameter: 7 1/2"
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): chicken house
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 120 feet [above or below] land surface Date measured: 2-1-17
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): BY OLWR
Well depth: 230 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .008 inches Setting depth: From 200 feet to 230 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

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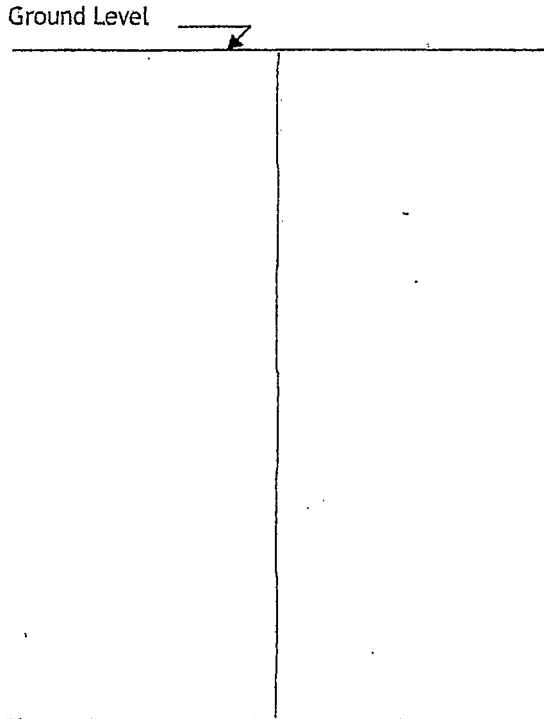
If telescoped or more than one screen, describe on next page

County: Covington  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: C6A

The sketch below only required for water wells

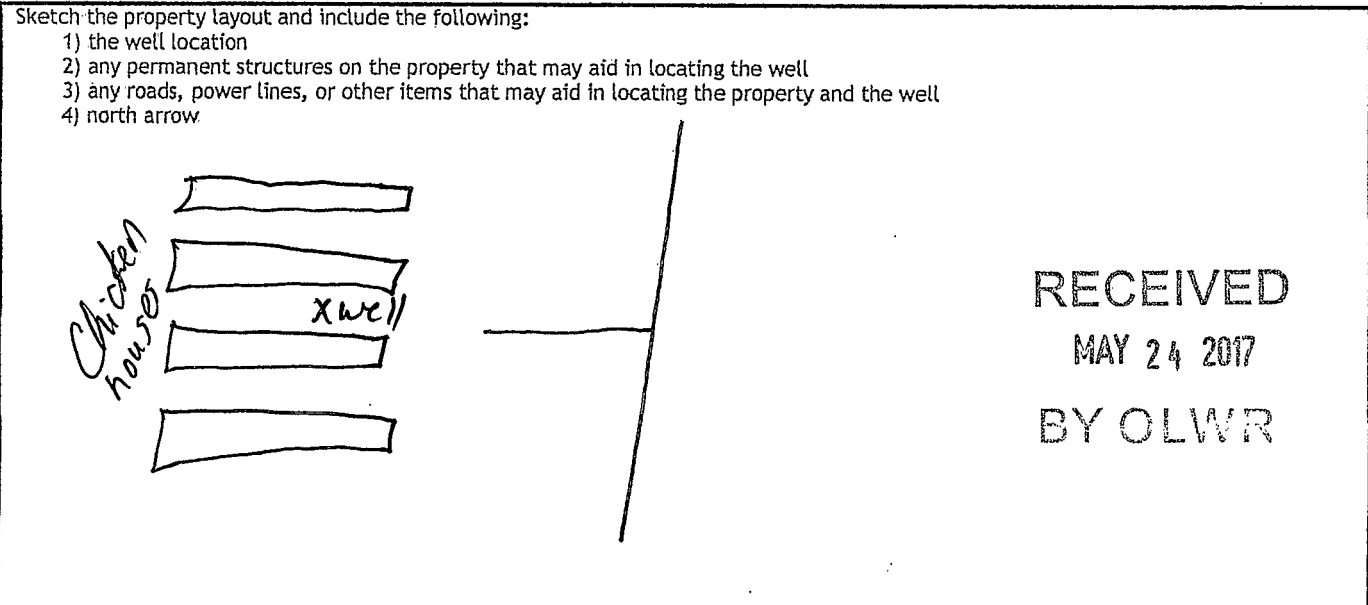
If well telescopes, show depths on sketch.



If more than one screen, show location of each 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)
topsoil	Ground level	1
clay	1	185
sand	185	230



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Landowner Name: Show Poultry

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  
 Print Name of Responsible Licensee and License No.

\_\_\_\_\_  
 Date

James M. Wells  
 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: Covington  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 2-1-17  
Copy information from block on Part 1

**For Office Use Only:**

Well #: C64  
 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>Show Poultry</u>	Latitude: <u>31°43.36</u> Longitude: <u>89°28.15</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>1100 Hopewell Rd.</u>	<u>SE ¼ SE ¼, Sec 23 T 9 N R 15 W</u>
<u>Collins</u> <u>MS</u> <u>39428</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
City State Zip Code	
Telephone No. <u>(601) 606-1561</u>	

**Pump Type (circle one)**

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

Date Pump Installed: 2-1-17 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: 200 feet Number of Stages: 13

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2-1-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): 200 Feet Below Land Surface

Drawdown [(B) - (A)]: 135 Feet Below Land Surface Test Pumping Rate: 55 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

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