

# 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 #: F63  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: West Water Well  
Date drilling completed: 8-28-15

*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>Tommy Culpepper</u>	Latitude: <u>31-36-56</u> Longitude: <u>89-34-35</u>
Mailing Address: <u>161 Mt Horeb Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Collins</u> MS <u>39428</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW</u> <input checked="" type="checkbox"/> <u>SE</u> <input checked="" type="checkbox"/> <u>35</u> <input checked="" type="checkbox"/> T <u>8N</u> <input checked="" type="checkbox"/> R <u>10W</u>
Telephone No. <u>(601) 641-0414</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8-28-15 Date drilling completed: 8-28-15 Hole depth: 125 Hole diameter: 6 1/2

Location of the source of any surface water used for drilling: \_\_\_\_\_

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): Poultry

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

Static Water Level: 61 feet [above or below] land surface Date measured: 8-28-15  
(circle one)

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

Well depth: 125 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PR

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

Screen slot size: 1.010 inches Setting depth: From 105 feet to 125 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

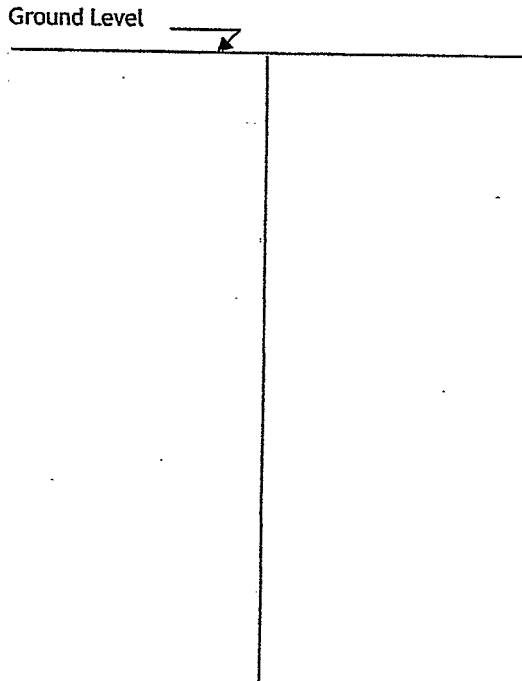
*If telescoped or more than one screen, describe on next page*

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

For Office Use Only:  
 Well #: F63

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

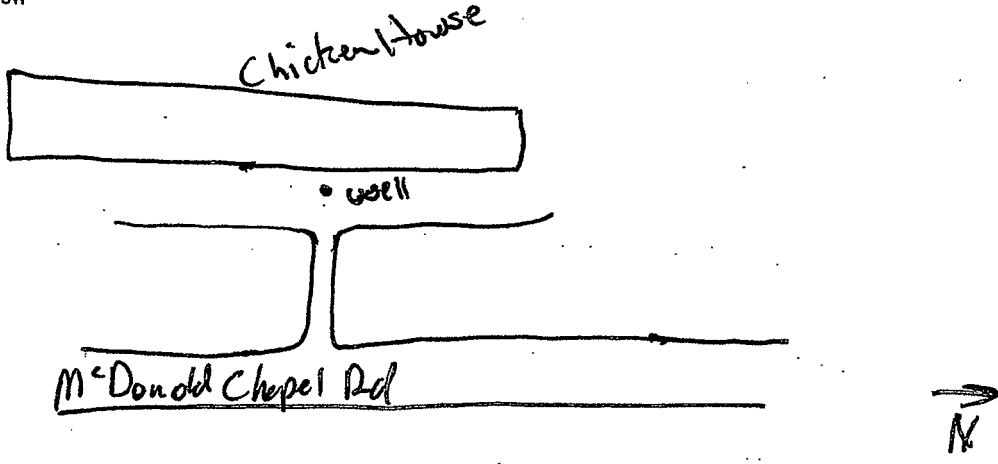


*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	35
SANDY w/ clay streaks	35	87
Coarse sand	87	125

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



Landowner Name: Tommy Culpopper

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.

David A West      0-672      3-30-17      David A West  
 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: <u>Covington</u>
Permit #: _____
Driller: <u>West Water Well</u>
Date completed: <u>8-28-15</u>
Copy information from block on Part 1

<b>For Office Use Only:</b>	
Well #: <u>F63</u>	
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.*

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Tommy Culpepper</u>	Latitude: <u>31-36-56</u>	Longitude: <u>89-34-35</u>	
Mailing Address: <u>161 Mt. Moreb Rd</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Collins MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City _____ State <u>MS</u> Zip Code <u>39428</u>	<u>NW</u> ¼ <u>SE</u> ¼, Sec. <u>35</u> T. <u>8N</u> R. <u>16W</u>		
Telephone No. <u>(601) 641-0414</u>	<u>3</u> Miles <u>SW</u> of <u>Collins</u>	(Distance) (Direction) (Nearest Town)	

<b>Pump Type (circle one)</b>	
<input checked="checked" type="radio"/> Submersible	<input type="radio"/> Turbine <input type="radio"/> Air Lift <input type="radio"/> Centrifugal <input type="radio"/> Flowing Well <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input type="radio"/> Other (describe): _____
Date Pump Installed: <u>8-28-15</u>	Rated Pump Capacity: <u>30</u> Gallons Per Minute
Is This Pump (circle one): <input checked="checked" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	

<b>Power Type (circle one)</b>	
<input checked="checked" type="radio"/> Electric	<input type="radio"/> Diesel <input type="radio"/> Gasoline <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (describe): _____
Horse Power Rating of Motor: <u>2</u>	Setting Depth: <u>100</u> feet Number of Stages: _____

<b>Pump Test Data for Non Flowing Well</b>	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): _____ 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): <input type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____	

<b>Pump Test Data for Flowing Well</b>	
Measured shut in head: _____ feet.	
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

<b>Meter Installation</b>	
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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>David A. West</u>	<u>0672</u>	<u>8-30-17</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer.