

# 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 #: G82  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date drilling completed: 5-18-18

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.

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**Well Owner Information**  
 (Landowner if borehole is not for a water well)  
 Owner Name: R & L Excavation  
 Mailing Address: \_\_\_\_\_  
316 Leaf River Church Rd.  
Collins MS 39428  
 City State Zip Code  
 Telephone No. (\_\_\_\_) \_\_\_\_\_

**Well or Borehole Location**  
 Latitude: 31° 39.40N Longitude: 89° 28.43W  
31-39-40 89-28-43  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_  
SE ¼ NW ¼, Sec 14 T 8N R 15W  
 \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_  
 (Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 5-17-18 Date drilling completed: 5-18-18 Hole depth: 270 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): \_\_\_\_\_

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

Static Water Level: 150 feet [above or  below] land surface Date measured: 5-18-18  
 (circle one)

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

Well depth: 270 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite Mix

Casing length: 240 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 240 feet to 270 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

**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: 5-18-18  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: 682  
 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>R+L Excavation</u>	Latitude: <u>31°39.40N</u> Longitude: <u>89°28.43W</u> <small>31-39-40      89-28-43</small>
Mailing Address: _____ <u>316 Leaf River Church Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Collins</u> <u>MS</u> <u>39428</u> <small>City                      State                      Zip Code</small>	<u>SE</u> ¼ <u>NW</u> ¼, Sec. <u>14</u> T. <u>8N</u> R. <u>15W</u>
Telephone No. (____) _____	____ Miles _____ of _____ <small>(Distance)                      (Direction)                      (Nearest Town)</small>

**Pump Type (circle one)**

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

Date Pump Installed: 5-18-18      Rated Pump Capacity: 35      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: 3      Setting Depth: 220 feet      Number of Stages: 13

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5-18-18      Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 150 Feet Below Land Surface      Pumping Water Level (B): 220 Feet Below Land Surface

Drawdown [(B) - (A)]: 165 Feet Below Land Surface      Test Pumping Rate: 40 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    7-9-18    James M. Wells  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer