

1181 SWD #1

# 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 #: C107  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 1-30-17

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)	Well or Borehole Location
Owner Name: <u>Lonestor NG-L</u>	Latitude: <u>31°22'18"</u> Longitude: <u>89°14'17"</u>
Mailing Address: <u>1234 Hwy 11</u> <u>Petal MS 39465</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> 1/4 <u>NW</u> 1/4, Sec <u>30</u> T. <u>5N</u> R. <u>12W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>NE</u> of <u>Petal</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-27-17 Date drilling completed: 1-30-17 Hole depth: 540 Hole diameter: 7

Location of the source of any surface water used for drilling: Creek

Method of dosing and volume of Chlorine used in drilling and development: added 8 gallons bleach

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): rig supply

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

Static Water Level: 93 feet [above or (below) land surface Date measured: 1-30-17  
(circle one)

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

Well depth: 440 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 440 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .008 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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

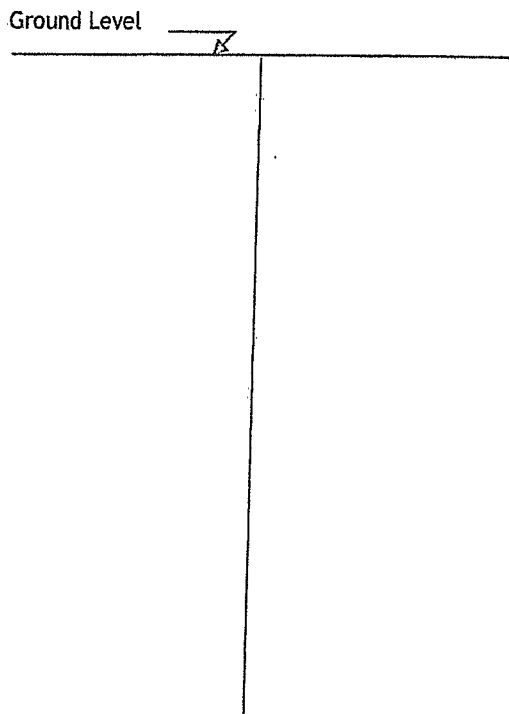
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County: Forrest  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: C107

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)
red sand	Ground level	30
sand & clay	30	100
sand & gravel	100	200
blue clay	200	320
soft clay & sand	320	380
sand	380	410
clay	410	490
soft clay & sand	490	520
hard clay	520	540

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

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Landowner Name: \_\_\_\_\_

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.

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 #: C107  
 Aquifer: \_\_\_\_\_

County: Forrest  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 1-30-17  
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>Lonestar NGL</u>	Latitude: <u>31°22'18"</u> Longitude: <u>89°14'17"</u>
Mailing Address: <u>1234 Hwy 11</u> <u>Petal MS 39465</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE ¼ NW ¼, Sec 30 T 3N R 12W</u>
City _____ State _____ Zip Code _____	<u>2</u> Miles <u>NE</u> of <u>Petal</u> (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: 2-2-17    Rated Pump Capacity: 55 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: 160 feet    Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-30-17    Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 93 Feet Below Land Surface    Pumping Water Level (B): 120 Feet Below Land Surface

Drawdown [(B) - (A)]: 27 Feet Below Land Surface    Test Pumping Rate: 100 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: FEB 02 2017

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: BY OLR

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

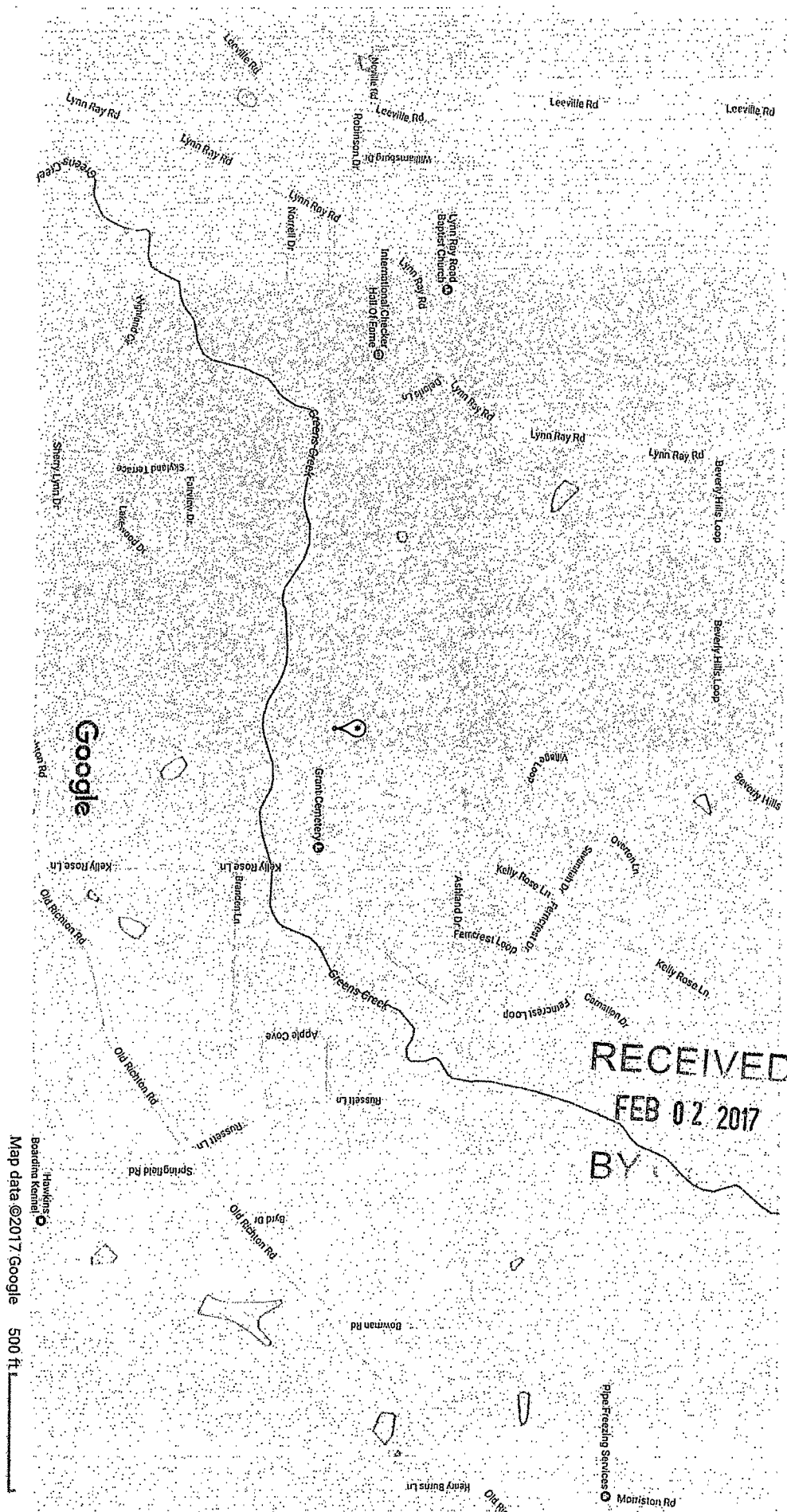
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679 2-2-17    John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)    Date    Signature of Pump Installer

C107

Google Maps 31°22'18.2"N 89°14'17.0"W



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Map data ©2017 Google 500 ft

https://www.google.com/maps/place/31°22'18.2"N,89°14'17.0"W/@31.3735182,-89.2389851,16z/data=!4m5!3m4!1s0x0:0x018m219d31.37173214d,-89.238058