

# 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 #: K 134  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: George  
Permit #: \_\_\_\_\_  
Driller: East Waterwells Inc  
Date drilling completed: 8-3-16

*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>Kenny Andrews</u>	Latitude: <u>30° 47' 13.14"</u> Longitude: <u>088° 41' 4.44"</u>
Mailing Address: <u>103 Hollie Street</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale, MS 39452</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NE 1/4 Sec 25 T 35 R 7W</u>
Telephone No. <u>(601) 947-2941</u>	<u>10</u> Miles <u>West</u> of <u>Agriicola</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8/3/16</u> Date drilling completed: <u>8/3/16</u> Hole depth: <u>390 FT</u> Hole diameter: <u>2"</u>
Location of the source of any surface water used for drilling: <u>N/A</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gal Per 1000 drilling 2 gal in well</u>
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve <input checked="" type="checkbox"/> Other (describe) _____
Static Water Level: <u>40 GPM</u> feet (above or below) land surface Date measured: <u>8-3-16</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>FLOW</u>
Well depth: <u>390 FT</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix
Casing length: <u>380</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>380</u> feet to <u>390</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole <u>Natural Development</u>
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

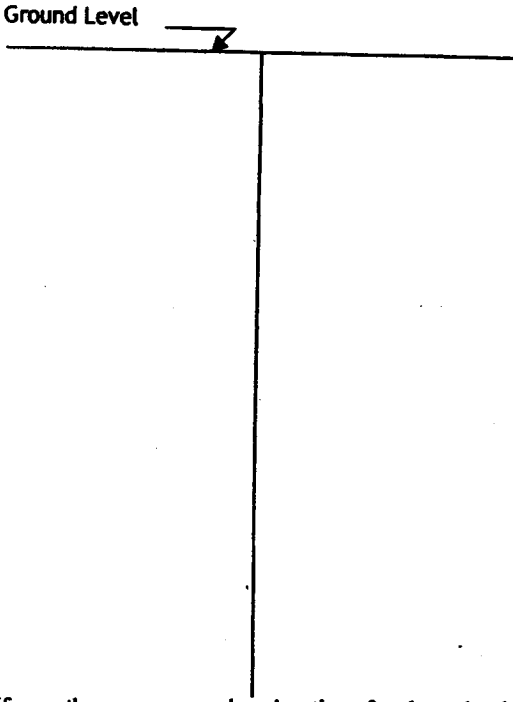
Received  
SEP 02 2016  
BY OLWR

County: George  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: K134

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

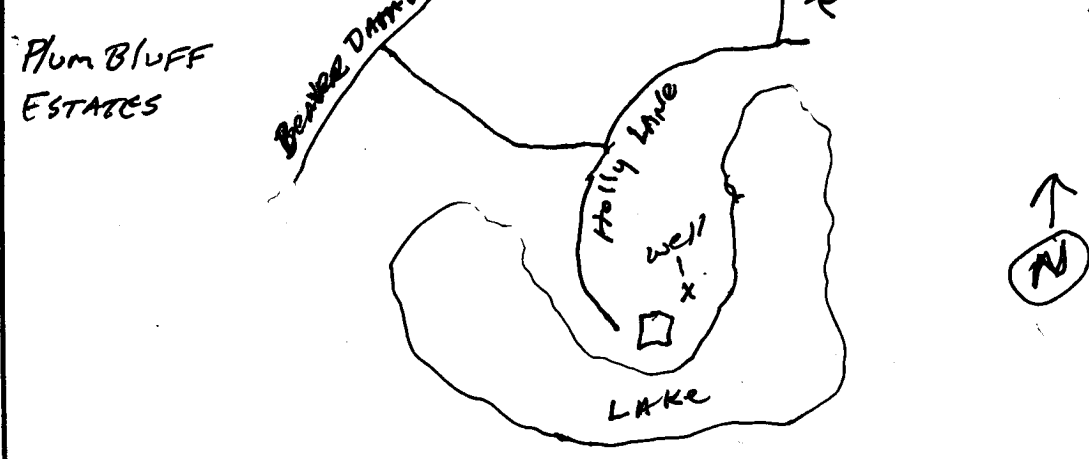


Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	2
Gray Clay	2	10
Orange coarse sand w/pea gravel	10	31
Blue clay	31	100
Gray coarse sand w/pea gravel	100	227
Blue clay	227	360
Gray Coarse Sand	360	390

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: Kenny Andrews

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.

Jack Ridgell 0-472  
 Print Name of Responsible Licensee and License No.

8/4/16  
 Date

[Signature]  
 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: George  
Permit #: \_\_\_\_\_  
Driller: Cast Waterwells/svc.  
Date completed: 8-3-16  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: K134  
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>Kenny Andrews</u>	Latitude: <u>30°47'13.14"</u> Longitude: <u>088°41' 4.44"</u>
Mailing Address: <u>103 Hollie Street</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale, Ms 39452</u>	<u>NE 1/4 SW 1/4, Sec 85 T 35 R 7W</u>
City State Zip Code	<u>10</u> Miles <u>West</u> of <u>Agriola</u>
Telephone No. <u>(601) 947-2941</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 10 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: 3/4 Setting Depth: 30 FT DP feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 8-4-16 Duration of Pump Test (minimum 4 hours): 5 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: 10 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: 12 feet.  
Well yielded 40 GPM with a drawdown of 0 feet after 4 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.*

**Received**  
SEP 02 2016  
**BY OLWR**

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Jack Ridgell 0-472 8-4-16  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer