

# 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  
(601)961- 5210  
(601)961- 5228 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L232  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: George  
Permit #: 0-780  
Driller: J. Piele  
Date drilling completed: 6-16-14

*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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Kyle Davidson</u>	Latitude: <u>30° 44' 41"</u> Longitude: <u>88° 35' 45"</u>
Mailing Address: <u>264 Hwy 63 South</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Lumbah</u> <u>MS</u> <u>39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 NW 1/4</u> Sec <u>33</u> Twn <u>35</u> Rng <u>6W</u>
Telephone No. <u>(228) 508-9064</u>	Distance <u>1</u> Miles Direction <u>South</u> of Nearest Town <u>Barba, MS</u>

### Well / Borehole Data

Date drilling started: 6-16-14 Date drilling completed: 6-16-14 Hole depth: 110 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquala, MS  
Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4000 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 (check 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 (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

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

Static Water Level: 2 feet above or below (circle one) land surface Date measured: 6-16-14

Method of Measurement (circle one) steel tape electric tape  air line other: \_\_\_\_\_

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 100 feet Casing diameter: 2 inches Type of casing: 5cm 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: 5cm 40 Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 110 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  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*

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level 

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Description of Formations Encountered	From (depth) Ground Level	To (depth)
Red Sand	0	20
Clay	20	40
Sand Shell	40	110

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) a north arrow.

Landowner Name: Kyle Davidson

Form: OLWR-SWR-1A (04/08)

I 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.

Joel Pierce  
Print Name of Responsible Licensee and License No.

6-16-14  
Date

Joel P  
Signature of Licensee

County: DeSoto  
 Permit #: 0-780  
 Driller: J-Piehl  
 Date completed: 6-16-14  
Copy information from block on Part 1

**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  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L232  
 Elevation: \_\_\_\_\_

*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>Keyle Dawson</u>	Latitude: <u>30-44-41</u> Longitude: <u>88-35-45</u>
Mailing Address: <u>264 Hwy 63 South</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Meridian MS 39452</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 33 T35 R6 W</u>
Telephone No. <u>(228) 508-9064</u>	Distance _____ Miles Direction <u>South</u> of Nearest Town <u>Porter, MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6-16-14</u>	Setting Depth: <u>40 Drop Pipe</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>6-16-14</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Joel Piehl 0-780 Joel Piehl  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer



L232

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BY OLWR