

# 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)

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#### For Office Use Only:

Well #: L 270  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: George  
Permit #: 0-380  
Driller: J.P.  
Date drilling completed: 9-13-20

*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>Winford Howard</u>	Latitude: <u>30-45-49</u> Longitude: <u>88-35-21</u>
Mailing Address: <u>2154 Barton Ag Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Cumbdale</u> MS <u>39452</u>	<u>SE NW 1/4 SW ME 28 T 35 R 6W</u>
City State Zip Code	<u>1/4</u> Miles <u>East</u> of <u>Barton, MS</u>
Telephone No. <u>(601) 947-4127</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-13-20</u> Date drilling completed: <u>9-13-20</u> Hole depth: <u>95</u> Hole diameter: <u>2</u>
Location of the source of any surface water used for drilling: <u>Aquila, MS</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>2000 water 5 gal bleach</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<b>If drilling is not related to water well construction, skip the remainder of this block</b>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or below] land surface Date measured: _____ <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: _____ Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>
Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____
Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____
Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<b>If telescoped or more than one screen, describe on next page</b>

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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)

### For Office Use Only:

Well #: L 270  
 Aquifer: \_\_\_\_\_

County: DeWitt  
 Permit #: 0-780  
 Driller: J.P.  
 Date completed: 9-13-20  
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>Winford Howard</u>	Latitude: <u>30-4549</u> Longitude: <u>88-35-21</u>
Mailing Address: <u>2154 Bark-Ag Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Cumada</u> MS <u>39452</u>	<u>5W<sup>NW</sup> 1/4 SE<sup>NE</sup> 1/4, Sec 28, T 35 R 6W</u>
City State Zip Code	<u>1/4</u> Miles <u>East</u> of <u>Barlow, MS</u>
Telephone No. <u>(601) 947-4127</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9-13-20 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: 1 Setting Depth: 25 ft feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9-13-20 Duration of Pump Test (minimum 4 hours): 48 hours

Static Water Level (A): 2 Feet Below Land Surface Pumping Water Level (B): 25 Feet Below Land Surface

Drawdown [(B) - (A)]: 2 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: \_\_\_\_\_ 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.

Joel P. 0-780 9-13-20 Joel D.

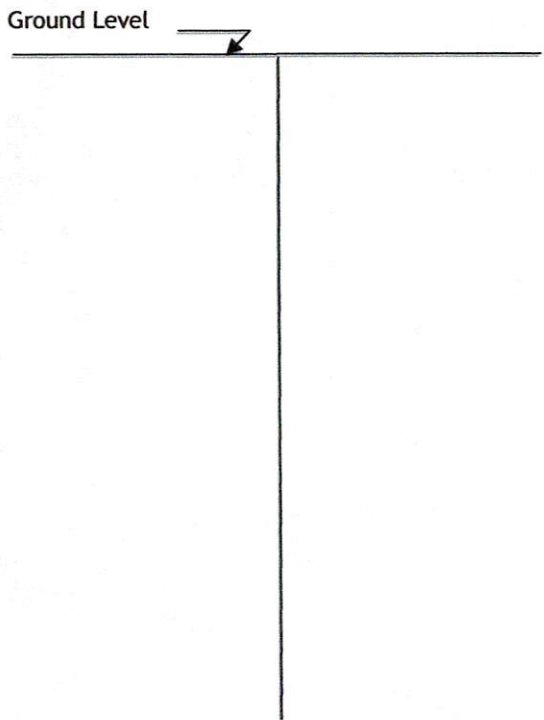
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: George  
 Permit #: 0-780

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



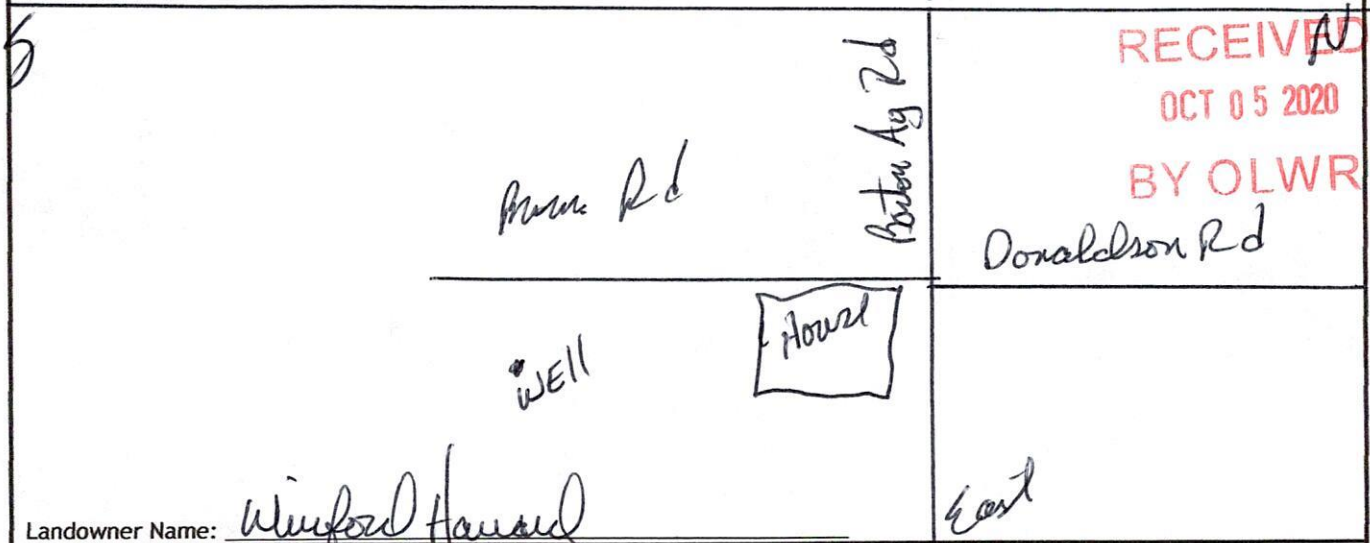
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
<u>sand</u>	<u>0</u>	<u>40</u>
<u>Clay</u>	<u>40</u>	<u>50</u>
<u>sand</u>	<u>50</u>	<u>95</u>

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: Winford Hanned

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.

Joel P. 0-780 9-13-20 Joel P.

Print Name of Responsible Licensee and License No. Date Signature of Licensee