

# 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 #: A87  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Greene

Permit #: \_\_\_\_\_

Driller: James M. Wells

Date drilling completed: 4-9-18

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.

#### Well Owner Information

(Landowner if borehole is not for a water well)

Owner Name: Neil Byrd

Mailing Address: \_\_\_\_\_

687 Umpqua Rd.

Richton MS 39476  
City State Zip Code

Telephone No. (\_\_\_\_) \_\_\_\_\_

#### Well or Borehole Location

Latitude: 31°22.21N Longitude: 88°48.28W

31-22-21 88-48-28

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_

USGS quad \_\_\_\_\_, Hand-held GPS \_\_\_\_\_, Survey-grade GPS \_\_\_\_\_

NE  $\frac{1}{4}$  NE  $\frac{1}{4}$ , Sec 29 T 5N R 8W

\_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_  
(Distance) (Direction) (Nearest Town)

#### Well / Borehole Data

Date drilling started: 4-6-18 Date drilling completed: 4-9-18 Hole depth: 260 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): chicken house

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

Static Water Level: 170 feet [above or  below] land surface Date measured: 4-9-18  
(circle one)

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

Well depth: 260 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 220 feet to 260 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

#3

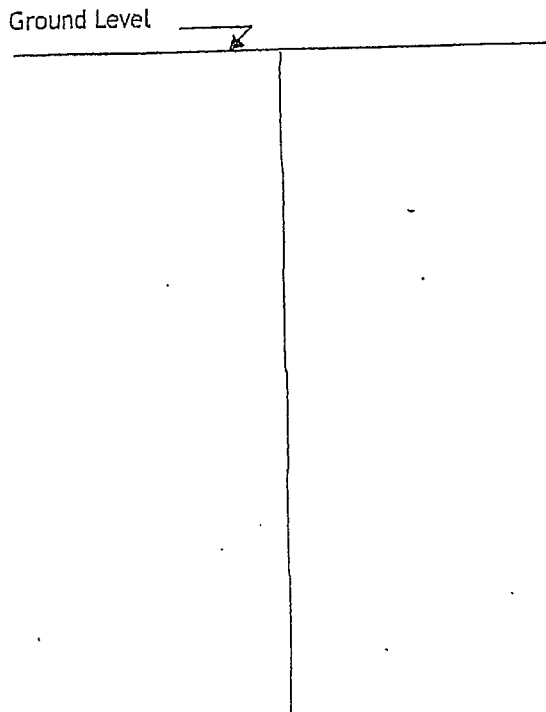
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JUN 04 2018  
BY OLWR

County: Greene  
Permit #: \_\_\_\_\_

**For Office Use Only:**  
Well #: A87

The sketch below only required for water wells

If well telescopes, show depths on sketch.



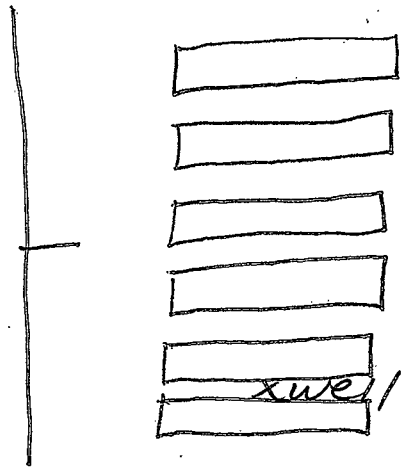
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
clay	1	190
sand	190	260

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: Neil Byrd

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.

James M. Wells 00005889 5-30-18 James M. Wells  
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 #: A87  
Aquifer: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date completed: 4-9-18  
*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 <u>31-22-21</u> <u>88-48-28</u>	
Owner Name: <u>Neil Byrd</u>		Latitude: <u>31°22.21N</u>	Longitude: <u>88°48.28W</u>
Mailing Address: _____		Method of Lat/Long (check one): Conventional Survey _____	
<u>1087 Umpqua Rd.</u>		USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Richton</u> <u>MS</u> <u>39476</u>		<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>29</u> T <u>5N</u> R <u>8W</u>	
City State Zip Code		_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)	
Telephone No. (____) _____			

Pump Type (circle one)		RECEIVED APR 04 2018 BY OLWR
<input checked="" type="radio"/> Submersible	Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____	
Date Pump Installed: <u>4-9-18</u>	Rated Pump Capacity: <u>65</u> Gallons Per Minute	
Is This Pump (circle one): <input checked="" type="radio"/> New	Repaired Replacement	
Power Type (circle one)		
<input checked="" type="radio"/> Electric	Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____	
Horse Power Rating of Motor: <u>5</u>	Setting Depth: <u>200</u> feet	Number of Stages: <u>13</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>4-9-18</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>170</u> Feet Below Land Surface	Pumping Water Level (B): <u>200</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>185</u> Feet Below Land Surface	Test Pumping Rate: <u>70</u> Gallons Per Minute
Method of measurement (circle one): <input checked="" type="radio"/> 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	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>James M. Wells</u> <u>00005889</u>	<u>5.30.18</u> <u>James M. Wells</u>
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer