

# 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 #: K49  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: Michael S. Harvard  
Date drilling completed: 4/18/2013

*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>Kenneth Williams (13014)</u>	Latitude: <u>31°13'27.43</u> Longitude: <u>88°44'12.63</u>
Mailing Address: <u>4907 Neely Aversa Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Neely</u> City <u>MS</u> State <u>39461</u> Zip Code	<u>SW 1/4 NW 1/4</u> Sec. <u>18</u> T <u>T3N</u> R <u>R7W</u>
Telephone No. (601) <u>394-3139</u>	<u>8</u> Miles <u>NW</u> of <u>Leakesville</u> <small>(Distance) (Direction) (Nearest Town)</small>

Well / Borehole Data
Date drilling started: <u>4/17/2013</u> Date drilling completed: <u>4/18/2013</u> Hole depth: <u>176'</u> Hole diameter: <u>7.5"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
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): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): <u>Chicken Houses</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>52'</u> feet [above or <u>below</u> ] land surface Date measured: <u>4/18/2013</u> <small>(circle one)</small>
Method of measurement (circle one): <u>steel tape</u> Electric tape Air line Other (describe): _____
Well depth: <u>176'</u> Well grouted to a depth of: <u>12</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>
Casing length: <u>15</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC 540 BE</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC WOP</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>156</u> feet to <u>176</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

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County: Greene

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

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Well #: 1349

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

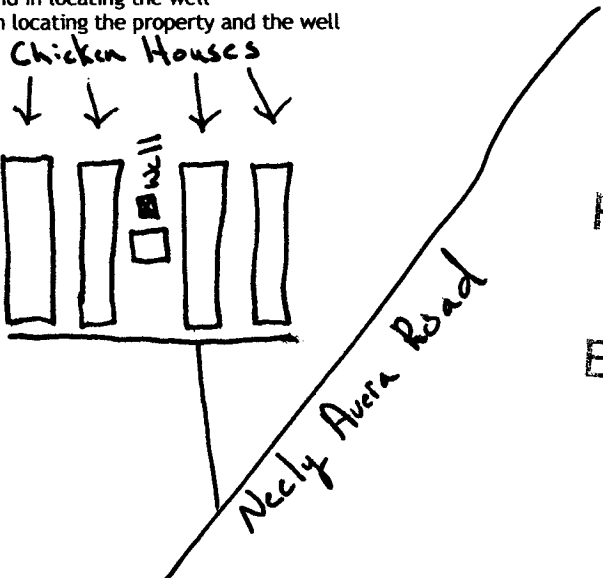
If more than one screen, show location of each on sketch

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 - Sand	Ground level	20'
Clay	20'	50'
Sand	50'	100'
Clay	100'	125'
Clay/silt	125'	150'
Sand (med)	150'	176'

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: Kenneth Williams

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.

Michael S. Harvard 0-673  
Print Name of Responsible Licensee and License No.

05/02/2013  
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 #: 149

Aquifer: \_\_\_\_\_

County: Greene

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

Driller: Michael S. Havard

Date completed: 4/18/2013

*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>Kenneth Williams</u>	Latitude: <u>31°13'27.43</u> Longitude: <u>88°44'12.63</u>
Mailing Address: <u>4907 Neely Avenue Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Neely</u> City <u>MS</u> State <u>39461</u> Zip Code	_____ ¼ _____ ¼, Sec <u>18</u> T <u>T3N</u> R <u>R7W</u>
Telephone No. (601) <u>394-3139</u>	<u>8</u> Miles <u>NW</u> of <u>Leakesville</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible    Turbine    Air Lift    Centrifugal    Flowing Well    Jet    Piston    Rotary    Other (describe): \_\_\_\_\_

Date Pump Installed: 4/19/2013      Rated Pump Capacity: 85 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: 5HP    Setting Depth: 126 feet    Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4/19/2013      Duration of Pump Test (minimum 4 hours): 5 hours

Static Water Level (A): 52 Feet Below Land Surface      Pumping Water Level (B): 75 Feet Below Land Surface

Drawdown [(B) - (A)]: 23 Feet Below Land Surface      Test Pumping Rate: 71 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.

Michael S. Havard 0-673      5/02/2013      [Signature]  
Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer

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JUL 19 2013  
BY OLWR