

# 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 #: 042  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Green  
 Permit #: \_\_\_\_\_  
 Driller: Dwight L. Cain  
 Date drilling completed: 5-26-2017

**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>Bill Keys</u>	Latitude: <u>31° 09' 19"</u> Longitude: <u>88° 44' 14"</u>
Mailing Address: <u>3686 Forest Breland Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Neely, Ms 39461</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	NW ¼ NW ¼ Sec <u>7</u> Twn <u>2-N</u> Rng <u>7-W</u>
Telephone No. <u>(601) 508 1222</u>	Distance: <u>2</u> Miles Direction: <u>S/W</u> of Nearest Town: <u>Neely Ms</u>
	<u>39461</u>

**Well / Borehole Data**

Date drilling started: 5-18 Date drilling completed: 5-26 Hole depth: 375 Hole diameter: 4"

Location of the source of any surface water used for drilling: Community Well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: Chicken Farm

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 5-25-2017

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

Well depth: 375 Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement ~~Bentonite~~ Mix

Casing length: 335 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 335 feet to 375 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: 300 feet. *If telescoped or more than one screen, describe on next page*

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 JUN 02 2017  
 BY OLWR

Southern Ms Water Well Drilling #0-831

Form: OLWR-SWR-1A (04/08)  
Ronald L. Cain 5-31-2017

# 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)

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: David L. Cain  
 Date completed: 5-26-2017  
 Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 042  
 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>Bill Keys</u>	Latitude: <u>31° 09' 19"</u> Longitude: <u>89° 44' 14"</u>
Mailing Address: <u>3696 Forrest Brook Rd. Neely MS 39461</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____ <u>NW 1/4</u> <u>NW 1/4</u> Sec <u>7</u> T <u>2</u> R <u>7</u>
Telephone No. <u>601-508-1222</u>	Distance Direction Nearest Town <u>2</u> Miles <u>S/W</u> of <u>Neely MS</u> <span style="float: right;"><u>39461</u></span>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>5-25-2017</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-25-2017</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of <u>60</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	<b>RECEIVED</b> <b>JUN 02 2017</b>
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge

<u>Southern MS Water Well Drilling</u> Print Name of Pump Installer and License No. (if applicable)	<u>Russell Cain 531-2017</u> Signature of Pump Installer
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