

# 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 #: 048  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Green  
 Permit #: \_\_\_\_\_  
 Driller: David B. Cain  
 Date drilling completed: 3/16/2018

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.

#  
2 Well

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Ricky Holder</u>	Latitude: <u>31° 06' 54"</u> Longitude: <u>88° 43' 18"</u>
Mailing Address: <u>150 Clark N Buck Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Leakesville Ms 39451</u>	<u>N 1/4 W 1/4 Sec 20 Twn 2 N Rng 7 W</u>
City State Zip Code	Direction Nearest Town
Telephone No: <u>(601) 525-6867</u>	<u>6 Miles East of McClain Ms</u>

**Well / Borehole Data**

Date drilling started: 3/14 Date drilling completed: 3/16 Hole depth: 165 Hole diameter: 4"

Location of the source of any surface water used for drilling: Nearby Comm. Water System  
 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: 55 feet above or below (circle one) land surface Date measured: 3/16/2018

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

Well depth: 165 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 155 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 155 feet to 165 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*

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Southern MS Water Well Drilling  
 0-831

Form: OLWR-SWR-1A (04/08)  
 Radell Cain  
 4/8/2018

# 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 #: 048  
 Elevation: \_\_\_\_\_

County: Green  
 Permit #: \_\_\_\_\_  
 Driller: David L. Cain  
 Date completed: 3/16/2018  
*Copy information from block on Part 1*

#2 well

*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>Ricky Holder</u>	Latitude: <u>31° 06' 59"</u> Longitude: <u>88° 43' 19"</u>
Mailing Address: <u>150 Clark N Buck Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leaksville Ms 39457</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601) 525-6867</u>	<u>N<sup>SW</sup> 1/4 W<sup>SW</sup> 20 T 24 R 7 W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>East</u> of <u>McClain Ms</u>

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>3/16/2018</u>	Setting Depth: <u>155</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/16/2018</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>65</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>65</u> feet after <u>4</u> hours of pumping
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.

Southern Ms Water Well Drilling      David L. Cain  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

0-931

Form: OLWR-SWR-1B (04/08)  
4/8/2018

