

**State Well Report  
Part 1 - Driller's Log**

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Greene  
Permit #: UNR-0798  
Driller: MARK CARPENTER  
Date drilling completed: 10-19-10

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: S31  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>THOMAS H BROWN JR</u>	Latitude: <u>31° 01' 29</u> Longitude: <u>88° 39' 09"</u>
Mailing Address: <u>2095 Vernal River rd</u> <u>Lucedale Ms</u> <u>39452</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NW 1/4 Sec 25 Twn 1N Rng 7W</u>
Telephone No. <u>(601) 325-5126</u>	Distance _____ Miles Direction _____ of Nearest Town _____

**Well / Borehole Data**

Date drilling started: 10-19 Date drilling completed: 10-19 Hole depth: 170 Hole diameter: 2"

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: 1 gal per 1000 gal

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): N/A

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: \_\_\_\_\_

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

Static Water Level: 1' feet above or below (circle one) land surface Date measured: 10-19-10

Method of Measurement (circle one) steel tape  electric tape  air line  other: Looked @ it

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 155 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 10 inches Setting depth: From 155 feet to 170 feet

Type of completion (circle all applicable): Gravel packed Underreamed  Telescoped  Open hole  Natural Development   
Other (describe): \_\_\_\_\_

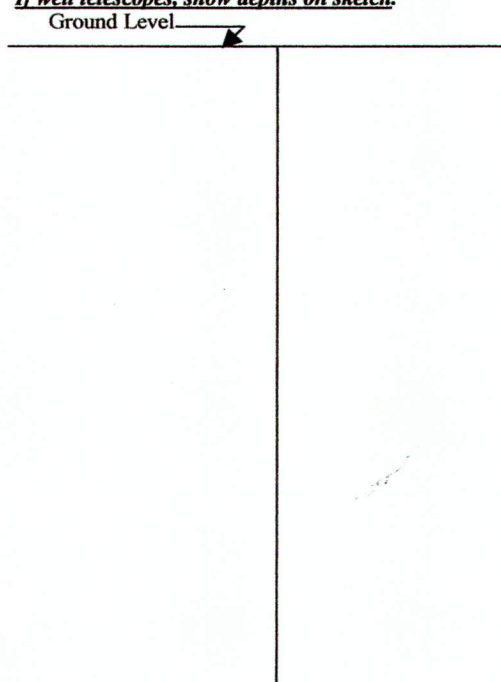
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

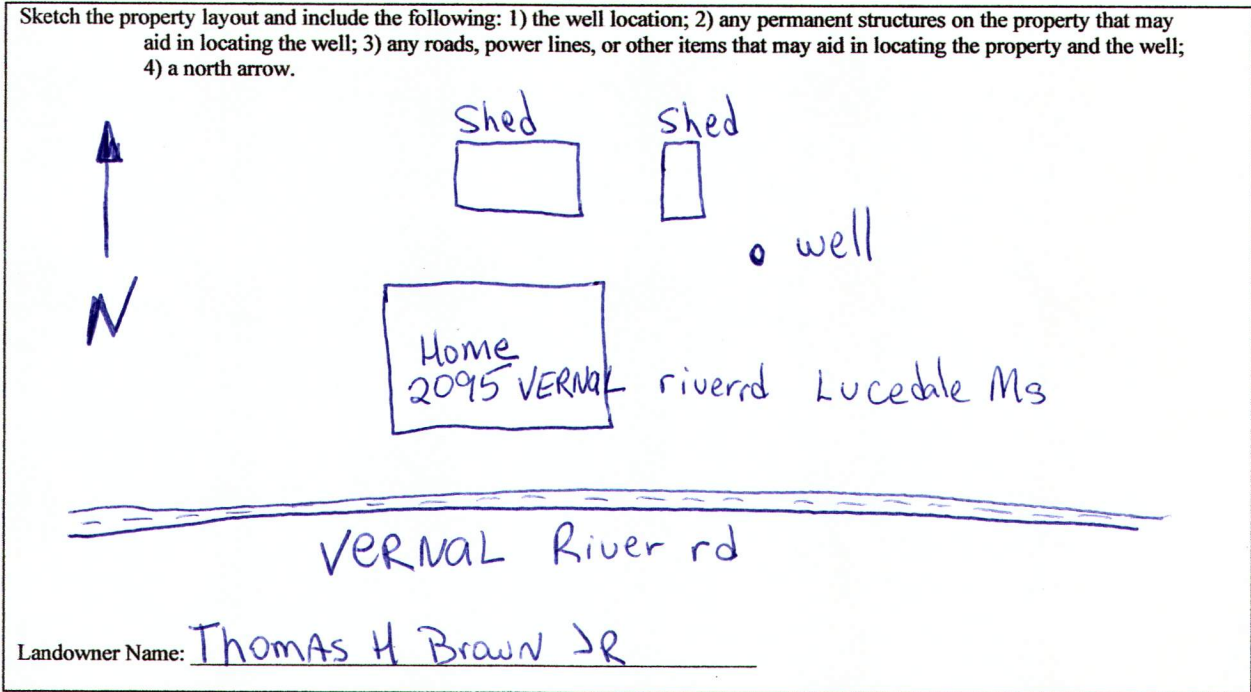
If well telescopes, show depths on sketch.



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)
TOP SOIL	Ground Level	5
sAND	5	30
grey CLAY	30	100
SAND	100	115
CLAY	115	150
FINE SAND CORSE SAND	150	170

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




Form: OLWR-SWR-1A

I 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.

MARK CARPENTER UNB-0798

Print Name of Responsible Licensee and License No.

Date



Signature of Licensee

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 531  
 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>Thomas H Brown Jr</u>	Latitude: <u>31-01-29</u> Longitude: <u>88-39-09</u>
Mailing Address: <u>2095 Vernal River rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale Ms</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>39452</u>	<u>NW¼ NW¼ Sec 25 T1N R 7W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 325-5126</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston                      Turbine	Electric Motor              Hand                      Tractor PTO
<u>Centrifugal</u> Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-17-10</u>	Setting Depth: <u>30</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

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

MARK CARPENTER UWR-0798                      Mark Carpenter  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

Form: OLWR-S-1  
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