

# 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)

County: Holmes  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 2-9-13

For Office Use Only:  
Aquifer: P 167  
Well #: \_\_\_\_\_  
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Luther Waters</u>	Latitude: <u>33° 05' 38.23" N</u> Longitude: <u>90° 16' 17.47" W</u>
Mailing Address: <u>2750 Epps Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Tchula</u> <u>MS</u> <u>39169</u> City State Zip Code	USGS quad, <u>NE 1/4 NW 1/4</u> Sec <u>21</u> Twn <u>14 N</u> Rng <u>1 W</u>
Telephone No. <u>(662) 763-7201</u>	Distance <u>6</u> Miles <u>N</u> Direction of <u>Tchula</u> Nearest Town <u>2750 Epps Rd.</u>
Well / Borehole Data	
Date drilling started: <u>2-9-13</u> Date drilling completed: <u>2-9-13</u> Hole depth: <u>100</u> Hole diameter: <u>6 1/2"</u>	
Location of the source of any surface water used for drilling: <u>Nearby ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>None</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>18</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>2-9-13</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Sonic water level meter</u>	
Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix	
Casing length: <u>80</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC 160</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>.016</u> inches Setting depth: From <u>80</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: <u>0</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A (04/08)

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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 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

County: Holmes  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date completed: 2-9-13  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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>Luther Waters</u>	Latitude: <u>33°05'38.23" N</u> Longitude: <u>90°16'17.47" W</u>
Mailing Address: <u>2750 Epps Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tchula</u> <u>MS</u> <u>39169</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>14N</u> R <u>1W</u>
Telephone No. <u>(662) 763-7201</u>	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Tchula</u>
	<u>6</u> Miles <u>2750 Epps Rd.</u>

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>2-9-13</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>45</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>2-9-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): <u>Sonic water level meter</u>
Pumping Water Level (B): <u>28</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>55</u> GPM with a drawdown of
Test Pumping Rate: <u>55</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): **New Well** Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Willie L Bryant 0-639 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1G (07-09)

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