

# STATE WELL REPORT

111

County: Humphreys  
 Permit #: \_\_\_\_\_  
 Driller: Mid South Water  
 Date drilling completed: 4-5-21

**Part I**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Well #: A 109  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Wright Fish Farm</u>	Latitude: <u>33 18 50</u> Longitude: <u>90 31 19.21</u>
Mailing Address: <u>805 West Grand Ave</u> <u>Inverness MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: <u>MS</u> Zip Code: <u>38753</u>	<u>NE</u> 1/4 <u>NE</u> 1/4, Sec <u>20</u> T <u>17N</u> R <u>3W</u>
Telephone No. <u>(662) 207-5017</u>	<u>4</u> Miles <u>east</u> of <u>Huxford on Inverness Rd</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-11-21 Date drilling completed: 4-5-21 Hole depth: 1629 Hole diameter: 12 1/4"

Location of the source of any surface water used for drilling: existing well

Method of dosing and volume of Chlorine used in drilling and development: HTH

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): MSGS

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  Seismic Survey Other (describe) \_\_\_\_\_

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*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 4' feet  above or  below land surface Date measured: 4-15-21  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 1600 Well grouted to a depth of: 1545 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 1545 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 6 inches Type of screen: Pre-packed

Screen slot size: 0.10 inches Setting depth: From 1550 feet to 1600 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

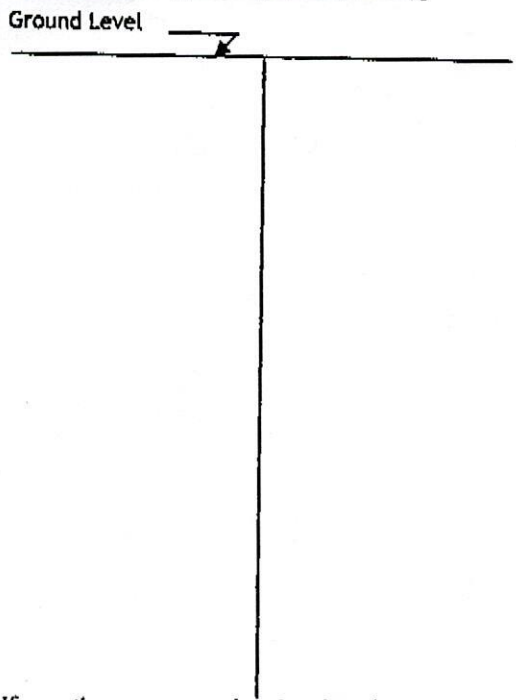
Top of lap pipe or reduction in casing: 1484 feet

*If telescoped or more than one screen, describe on next page*

County: Humphreys  
Permit #: \_\_\_\_\_

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The sketch below only required for water wells  
If well telescopes, show depths on sketch.



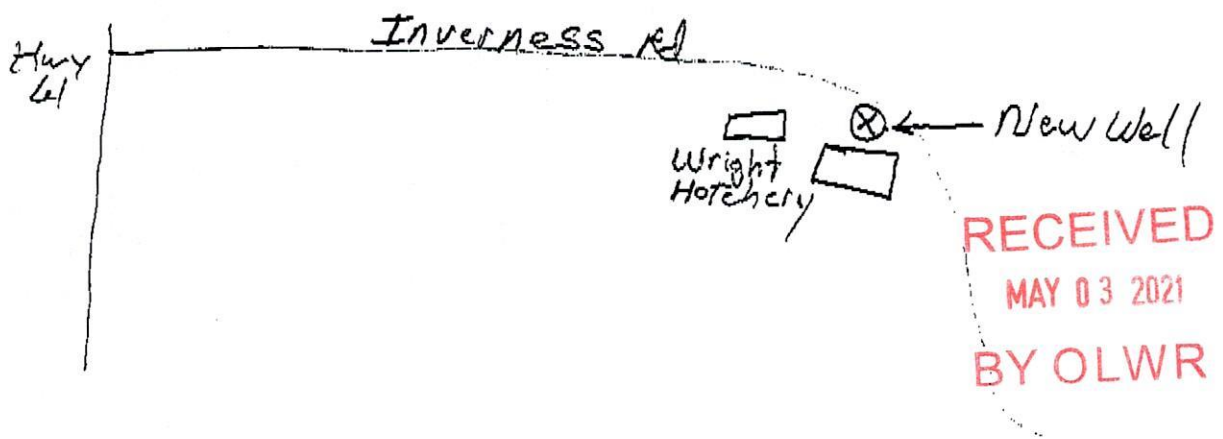
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	32
Sand	32	91
Sand and Gravel	91	144
Sandy Clay	144	406
Clay	406	650
Sandy Clay	650	840
sand	840	920
Clay	920	1040
Sand with Clay	1040	1290
Clay	1290	1360
Sand with Clay	1360	1460
Clay	1460	1500
Sand with Clay	1500	1550
Sand	1550	1600

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

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: \_\_\_\_\_

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.

Clayton Miller 703 4-27-21 Clayton Miller  
Print Name of Responsible Licensee and License No.      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 #: A 109  
 Aquifer: \_\_\_\_\_

County: Humphreys  
 Permit #: \_\_\_\_\_  
 Driller: Mid South Water  
 Date completed: 4-16-21  
*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>Wright Fish Farm</u>	Latitude: <u>33° 25'</u>	Longitude: <u>90° 21' 19.21"</u>	
Mailing Address: <u>805 West Grand Ave</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Inverness MS 38753</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City State Zip Code	<u>NE 1/4 NE 1/4, Sec 20 T 17N R 3W</u>		
Telephone No. ( ) _____	<u>4</u> Miles <u>east</u> of <u>Hwy 141 on Inverness</u>		
	(Distance)	(Direction)	(Nearest Town)

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 4-16-21 Rated Pump Capacity: 500 Gallons Per Minute  
 Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 40 Setting Depth: 180 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 4- Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 0 Feet Below Land Surface Pumping Water Level (B): 128 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 128 Feet Below Land Surface Test Pumping Rate: 600 Gallons Per Minute  
 Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: 180 feet.  
 Well yielded 600 GPM with a drawdown of 128 feet after 4 hours of pumping

**Meter Installation**  
 Meter Manufacturer: None 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 (check 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.

Clayton Miller 703 4-27-21 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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