

# 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: Humphreys  
Permit # GW-45559 J  
Driller: Willie Bryant  
Date drilling completed: 11-19-11

### For Office Use Only:

Aquifer: B 294  
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>James Taylor</u>	Latitude: <u>33° 15' 20"</u> Longitude: <u>90° 38' 27"</u>
Mailing Address: <u>3095 Beasley Bayou Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Isola</u> <u>MS</u> <u>38754</u>	<u>NW 1/4 NW 8</u> Sec <u>8</u> Twn <u>16N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>Isola</u>
Telephone No. <u>(601) 347-4760</u>	<u>2979 Beasley Bayou Rd - well location</u>
Well / Borehole Data	
Date drilling started: <u>11-19-11</u> Date drilling completed: <u>11-19-11</u> Hole depth: <u>102'</u> Hole diameter: <u>12 3/4"</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>chlorine tablets</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic 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>20'</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>11-19-11</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Rope &amp; weight</u>	
Well depth: <u>102</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>62</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>PVC 160</u>	
Screen length: <u>40</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>62</u> feet to <u>102</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole 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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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

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

B 294

Description of Formations Encountered	From (depth)	To (depth)
Clay & Brown Sand	Ground Level	20
Brown & med sand	20	40
Coarse Sand	40	60
gravel	60	80
gravel	80	102

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) a north arrow.

Landowner Name: James Taylor

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

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.

Willie L. Bryant 0-1039  
 Print Name of Responsible Licensee and License No.

11-21-11  
 Date

Willie L. Bryant  
 Signature of Licensee

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County: Humphreys  
 Permit #: GW-45559  
 Driller: Willie Bryant  
 Date completed: 11-19-11  
*Copy information from block on Part 1*

# 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 #: B294  
 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>James Taylor</u>	Latitude: <u>33° 15.20' N</u> Longitude: <u>090° 38.27' W</u>
Mailing Address: <u>3095 Beasley Bayou Rd.</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Isola</u> <u>MS</u> <u>38754</u>	USGS quad <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City      State      Zip Code	<u>NW ¼ NW ¼ Sec 8 T 16N R 4W</u>
Telephone No. <u>(662) 347-4760</u>	Distance      Direction      Nearest Town
	<u>3</u> Miles <u>W</u> of <u>ISOLA</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>10</u>
Date Pump Installed: <u>11-19-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>2</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	

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-101 (07/09)

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