

# 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 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

County: HUMPHREYS  
 Permit #: GW-50095 ✓  
 Driller: Chad Mattux  
 Date drilling completed: 7/11/17

**For Office Use Only:**  
 Well #: F229  
 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>PAMELA T. Chapman</u>			Latitude: <u>33-10-16.5N</u> Longitude: <u>90-30-36.5W</u>	
Mailing Address: <u>PO Box 676</u>			Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Belzoni</u> State: <u>MS</u> Zip Code: <u>39038</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. (____) _____			<u>SW</u> 1/4 <u>SE</u> 1/4, Sec. <u>04</u> T <u>15N</u> R <u>03W</u>	
			<u>1 1/2</u> Miles <u>SW</u> of <u>Belzoni</u>	
			(Distance) (Direction) (Nearest Town)	

Well / Borehole Data	
Date drilling started: <u>7/11/17</u>	Date drilling completed: <u>7/11/17</u> Hole depth: <u>110</u> Hole diameter: <u>22"</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: <b>RECEIVED</b>	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) <b>BY OLWR</b>	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): Home Industrial Public Supply <u>Irrigation</u> Fish Culture	
Other (describe): <u>Replacing MS-GW-03767</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>42</u> feet [above or below] land surface Date measured: <u>7/11/17</u> (circle one)	
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____	
Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length: <u>77</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>33</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>50</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

County: Humphreys  
 Permit #: GW-50095

For Office Use Only:  
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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level X

17'	Casing
20	"
20	"
20	"
13	Screen
20	"

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	18
CLAY	18	30
CLAY + FINE SAND	30	61
MED SAND	61	70
MED SAND + PEA GRAVEL	70	80
COURSE SAND + PEA GRAVEL	80	88
"	88	100
COURSE SAND, PEA GRAVEL, & GRAVEL	100	110

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

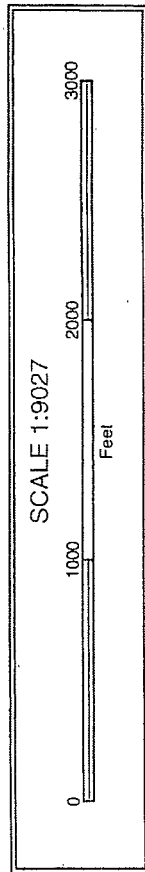
Sketch the property layout and include the following:  
 1) the well location  
 2) any permanent structures on the property that may aid in locating the well  
 3) any roads, power lines, or other items that may aid in locating the property and the well  
 4) north arrow

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 AUG 04 2017  
 BY 01

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.

Chad Hill UMR-8243 7/22/17 [Signature]  
 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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Humphreys  
 Permit #: GW-50095  
 Driller: Chad Mattoy  
 Date completed: 7-11-17  
 Copy information from block on Part 1

**For Office Use Only:**  
 Well #: F  
 Aquifer: \_\_\_\_\_

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.

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 AUG 27 2017  
 BY CLWR

Well Owner Information			Well Location		
Owner Name: <u>PAMELA T. CHAPMAN</u>			Latitude: <u>33° 10' 16"</u> Longitude: <u>90° 30' 36"</u>		
Mailing Address: <u>P.O. Box 676</u>			Method of Lat/Long (check one): <u>Conventional Survey</u>		
USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____			SW <u>1/4</u> SE <u>1/4</u> , Sec <u>04</u> T <u>15N</u> R <u>03W</u>		
<u>BELZONE</u>	<u>MS</u>	<u>39038</u>	<u>1.1</u> Miles	<u>SSW</u> of	<u>BELZONE</u>
City	State	Zip Code	(Distance)	(Direction)	(Nearest Town)
Telephone No. (_____) _____					

**Pump Type (circle one)\***

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 7-26-17 Rated Pump Capacity: 900 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 80 Setting Depth: 50 feet Number of Stages: 4

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 42 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

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

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ 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 (circle 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.

DAVID P. HOLT 0-752P 8-24-17 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

17-0510