

# STATE WELL REPORT

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

County: ISAQUENA

Permit #: \_\_\_\_\_

Driller: THOMAS DRILLING

Date drilling completed: 7-31-13

### For Office Use Only:

Well #: F62

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<br><small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Hunter Fordice</u>  | Latitude: <u>32° 38' 6.2184"</u> Longitude: <u>-90° 56' 21.383"</u>   |
| Mailing Address: <u>P.O. Box 1101</u>  | Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Viaksbury</u> <u>MS</u> <u>39182</u>  | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____   |
| City State Zip Code  | <u>SW 1/4 SE 1/4, Sec 8 T 9 N R 7 W</u>   |
| Telephone No. <u>(601) 218-9993</u>  | <u>4</u> Miles <u>W</u> of <u>Valley Park</u><br>(Distance) (Direction) (Nearest Town)  |

| Well / Borehole Data   |
|--|
| Date drilling started: <u>7-31-13</u> Date drilling completed: <u>7-31-13</u> Hole depth: <u>125</u> Hole diameter: <u>4"</u>  |
| Location of the source of any surface water used for drilling: <u>Moore Farms</u>  |
| Method of dosing and volume of Chlorine used in drilling and development: <u>1 lbs in tender &amp; wash</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 <input type="checkbox"/> Other: _____ |
| Name of organization running log(s): _____   |
| Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____     |

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

|  |
|--|
| Purpose of Well (circle all applicable): Home _____ Industrial _____ Public Supply <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____   |
| Other (describe): _____  |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____   |
| Static Water Level: <u>9'</u> feet (above or below land surface) (circle one) Date measured: <u>7-31-13</u>  |
| Method of measurement (circle one): Steel tape _____ Electric tape _____ <input checked="" type="checkbox"/> Air Line _____ Other (describe) _____   |
| Well depth: <u>125'</u> Well grouted to a depth of: <u>10+</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix    |
| Casing length: <u>105</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>  |
| Screen length: <u>20</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>   |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>105</u> feet to <u>125</u> feet  |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel-packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development |
| Other (describe): _____  |
| Top of lap pipe or reduction in casing: _____ feet   |

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

BY: OLWR

Form: OLWR-SWR-1A (4/13)

County: ISSAQUENA  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: F62

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

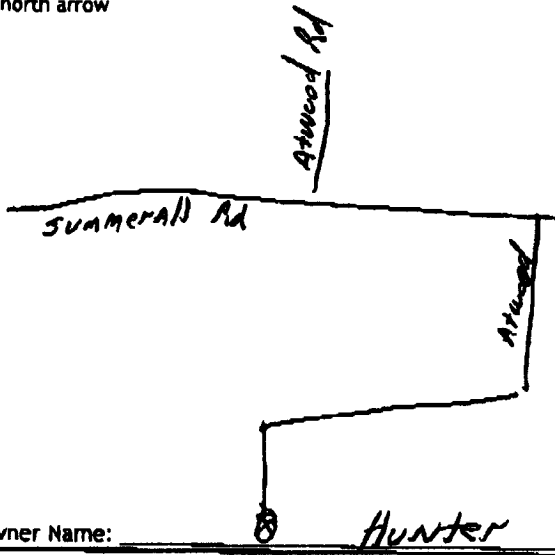
Ground Level \_\_\_\_\_

| Description of Formations Encountered | From (depth)<br>Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Top Soil & clay                       | 0'                           | 11'        |
| SAND                                  | 11'                          | 90'        |
| SAND & GRAVEL                         | 9                            | 105        |
| SAND                                  | 105                          | 122        |
| SAND & GRAVEL                         | 122                          | 125        |
|                                       |                              |            |
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|                                       |                              |            |
|                                       |                              |            |

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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 BY OLWR

Landowner Name: Hunter Fordice

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.

David S. Thomas 0-147 8-5-13 \_\_\_\_\_  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (4/13)

# 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: ISAQUENA  
 Permit #: \_\_\_\_\_  
 Driller: THOMAS DRILLING  
 Date completed: 8-5-13  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: F602  
 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.*

| Well Owner Information                  | Well Location  |
|---|--|
| Owner Name: <u>Hunter Fardice</u>       | Latitude: <u>32° 38' 6.244"</u> Longitude: <u>90° 56' 21.383"</u>                                      |
| Mailing Address: <u>PO Box 1101</u>     | Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Vicksburg</u> <u>MS</u> <u>39182</u> | USGS quad _____, $\frac{1}{4}$ Sec <u>8</u> T <u>9N</u> R <u>7W</u>                                    |
| City State Zip Code                     | <u>4</u> Miles <u>W</u> of <u>Valley Park</u>  |
| Telephone No. <u>(601) 218-9993</u>     | (Distance) (Direction) (Nearest Town)  |

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): VARIABLE 2HP

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 25 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: 2HP 30 Setting Depth: 60' feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-5-13 Duration of Pump Test (minimum 4 hours): 1 hours

Static Water Level (A): 9 Feet  Below Land Surface  Pumping Water Level (B): 12 Feet Below Land Surface

Drawdown [(B) - (A)]: 3 Feet Below Land Surface Test Pumping Rate: 30 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

**RECEIVED**  
BY: OLWR

*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 S. Thomas 0-147 8-5-13 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer