

# 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)

### For Office Use Only:

Well #: \_\_\_\_\_  
Aquifer: J23  
E-Log #: \_\_\_\_\_

County: Itawamba  
Permit #: \_\_\_\_\_  
Driller: Thomas Rossi #0509  
Date drilling completed: 11-21-2012

*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>Roy Johnson, Jr.</u>	Latitude: <u>34° 16' 39.7812"</u> Longitude: <u>-88° 14' 50.464"</u> <span style="margin-left: 100px;">AC</span> <span style="margin-left: 100px;">5C</span>
Mailing Address: <u>3069 Patton Flat Oakland Rd.</u>	Method of Lat/Long (check one): Conventional Survey <u>XXX</u>
<u>Fulton</u> MS 38843	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>N 1/4 W 1/4</u> , Sec <u>27</u> T <u>9 S</u> R <u>10 E</u> <u>NE NE</u> <u>28</u>
Telephone No. <u>(662) 652-3017</u>	<u>11</u> Miles <u>East</u> of <u>Fulton, Ms</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>11-19-2012</u> Date drilling completed: <u>11-21-2012</u> Hole depth: <u>150</u> Hole diameter: <u>4"</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): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <b>(Water Well)</b> 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 (circle all applicable): <b>(Home)</b> Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>120</u> feet [ above or <b>(below)</b> ] land surface Date measured: _____ <span style="margin-left: 100px;">(circle one)</span>
Method of measurement (circle one): <b>(Steel tape)</b> Electric tape Air line Other (describe): _____
Well depth: <u>150</u> Well grouted to a depth of: <u>55</u> feet Type of grout (circle one): <b>(Neat Cement)</b> Bentonite Mix
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>013</u> inches Setting depth: From <u>140</u> feet to <u>150</u> feet
Type of completion (circle all applicable): <b>(Gravel packed)</b> 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>

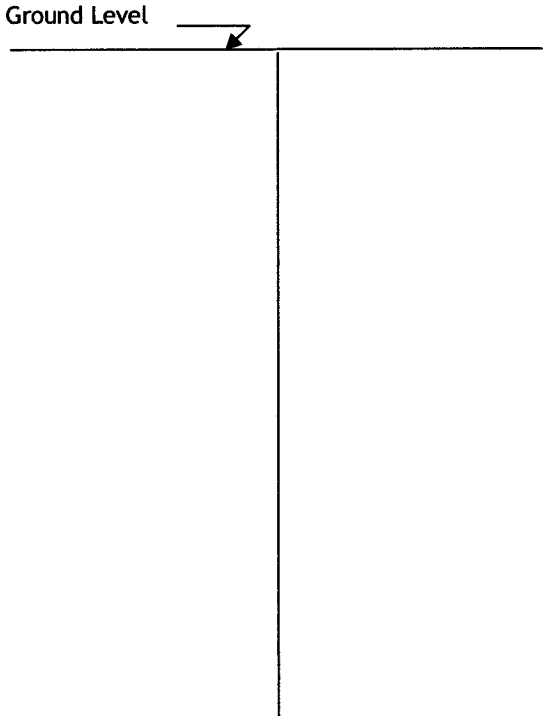
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BY: OLWR

County: Itawamba  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 523

**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)
	Ground level	
Clay	0	20
Rock	20	22
Clay	22	55
Rock	55	58
Clay and Sand strips	58	65
Rock	65	69
Clay	69	120
Rock	120	122
Sand and Gravel	122	150


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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 MAY 20 2013  
 BY: OLWR

Roy Johnson, Jr  
 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.

Thomas Rossi                      #0509                      05-13-2013                       \_\_\_\_\_  
 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)

County: Itawamba  
Permit #: \_\_\_\_\_  
Driller: Thomas Rossi #0509  
Date completed: 11-21-2012  
Copy information from block on Part 1

**For Office Use Only:**  
Well #: J23  
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>Roy Johnson, Jr.</u>			Latitude: <u>34° 16'39.7812"</u> Longitude: <u>-88° 14'50.464"</u>	
Mailing Address: <u>3069 Patton Flat Oakland</u>			Method of Lat/Long (check one): Conventional Survey <u>XXX</u> ,	
			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Fulton</u>	<u>MS</u>	<u>38843</u>	<u>N</u> ¼ <u>W</u> ¼, Sec <u>27</u> T <u>9</u> S R <u>10</u> E	
City	State	Zip Code		
Telephone No. (662) <u>652-3017</u>			<u>11</u> Miles <u>West</u> of <u>Fulton, MS</u> (Distance) (Direction) (Nearest Town)	

**Pump Type (circle one)**  
(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 11-21-2012 Rated Pump Capacity: 10 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: one Setting Depth: 140 feet Number of Stages: 18

**Pump Test Data for Non Flowing Well**  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): 140 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.  
Thomas Rossi #0509 05-13-2013  
Print Name of Pump Installer and License No. (if applicable) / Date Signature of Pump Installer


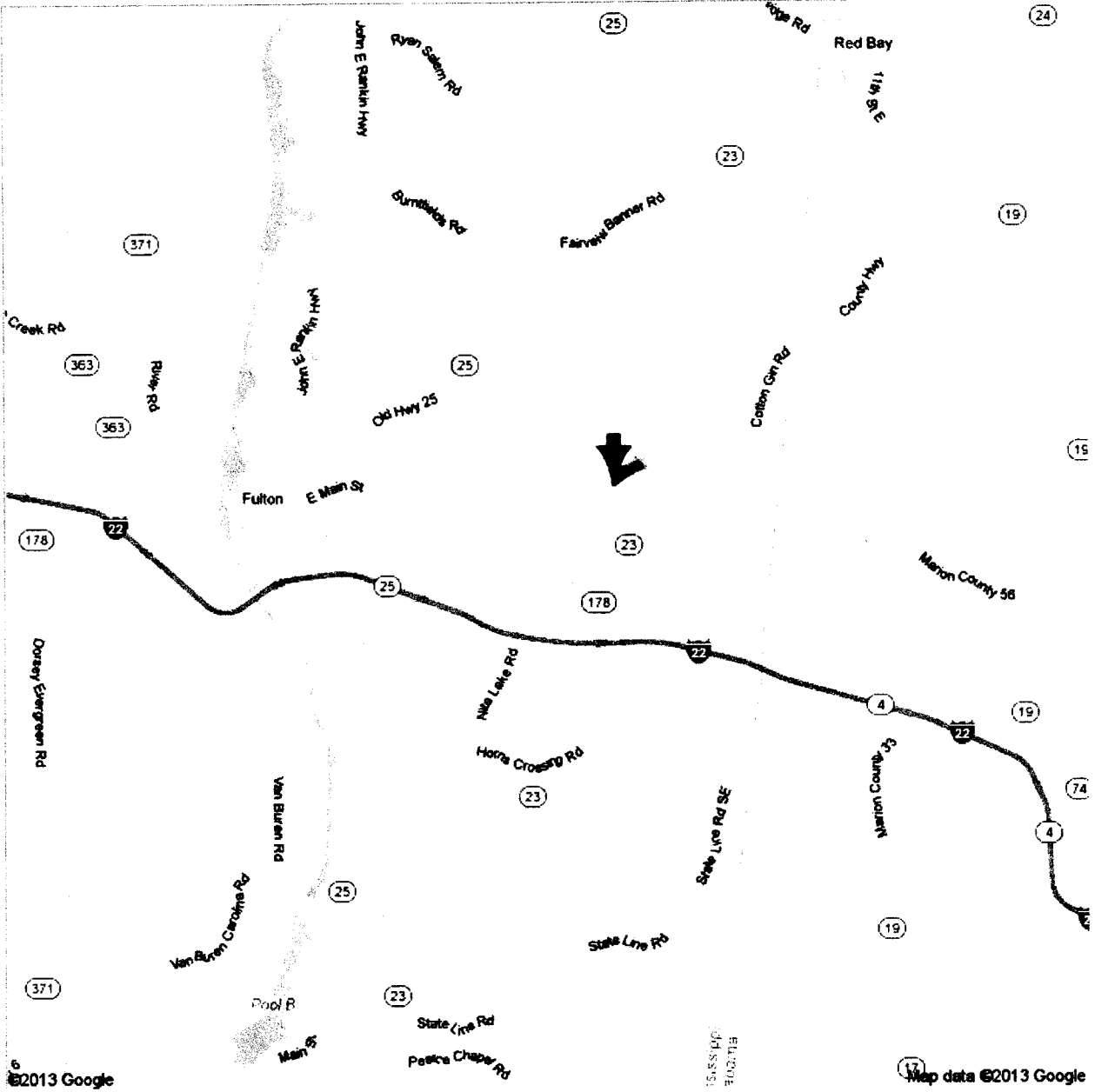
Roy Johnson, JR  
3061 Patton Flat Oakland Rd  
Fulton, MS 38843  
Address Mississippi

J23

Google

34° 16' 39.7812"  
- 88° 14' 50.464"

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