

# 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: Jackson  
Permit #: 0-780  
Driller: J. Paul  
Date drilling completed: 11-21-12

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: C150  
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Alan Watson</u>	Latitude: <u>30° 39' 42.55"</u> Longitude: <u>88° 33' 42.15"</u>
Mailing Address: <u>2123 Springfield</u>	Method of Lat/Long (circle one): Conventional Survey, <u>528 198 552.6</u>
<u>Mooreport MS 39555</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>9E 1/4 NE 1/4 Sec 27 Twn 45 Rng 6W</u>
Telephone No. <u>(228) 588-6046</u>	Distance: <u>2</u> Miles <u>SE</u> Direction: <u>North</u> of <u>Wadley, MS</u> Nearest Town: _____

**Well / Borehole Data**

Date drilling started: 11-21-12 Date drilling completed: 11-21-12 Hole depth: 90 Hole diameter: 2

Location of the source of any surface water used for drilling: Apalachee

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4000 chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

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

Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 3 feet above or below (circle one) land surface Date measured: 11-21-12

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: 3/4" 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: 3/4" 40 Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

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

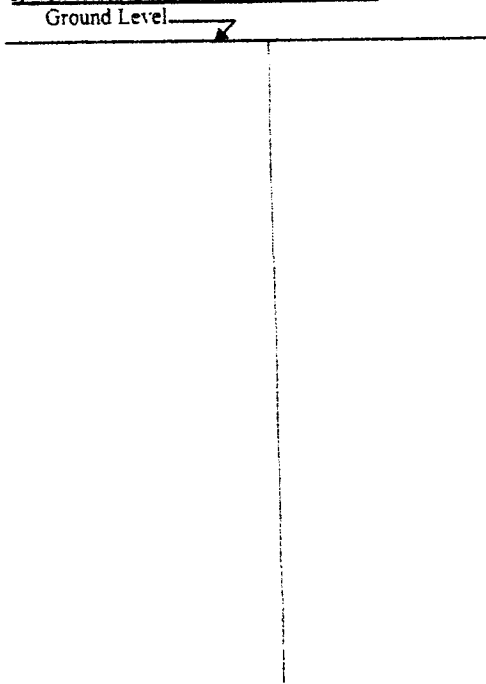
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

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STATE DEPARTMENT OF ENVIRONMENTAL QUALITY

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) Ground Level	To (depth)
Red sand	0	13
clay	16	20
soil shale	20	90

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: Alan Watson

Form: OLWR-SWR-1A-04-05

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.

SOEL PIERCE a-780 11-21-12  
Print Name of Responsible Licensee and License No. Date

*Joel Pierce*  
Signature of Licensee

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BY OLWR

# 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 #: C150  
 Elevation: \_\_\_\_\_

County: Jackson  
 Permit #: 0-780  
 Driller: J. Paine  
 Date completed: 11-21-12  
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**

Owner Name: Allan Watson  
 Mailing Address: 2123 Springfield Rd  
Madison MS 39555  
 City State Zip Code  
 Telephone No. 228 588-6046

**Well Location**

Latitude: 30-34-471 Longitude: 88-33-921  
 Method of Lat Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
SE NE Sec 27 T 4S R 6W  
 Distance Direction Nearest Town  
2 Miles north of Wadley, MS

**Pump Type**  
Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 11-21-12  
 Rated Pump Capacity: 10 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine  Gasoline Engine  Natural Gas  
 Electric Motor  Hand  Tractor PTO  
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1  
 Setting Depth: 40 ft line feet  
 Number of Stages: 2

**Pump Test Data**

Date Well Tested: 11-22-12  
 Static Water Level (A): 3 Feet Below Land Surface  
 Pumping Water Level (B): 20 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface  
 Test Pumping Rate: 10 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 48 hours

**Method of Measuring Water Level**  
Circle one

Air Line  Electric Measuring Line  Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded 10 GPM with a drawdown of  
2 feet after 48 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

JOEL PAINE 0-780 Joel Paine  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
 Form: OLWR-SWR-1B (04/08)

RECORDED  
 DEC 3 2012