

# 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 #: D414  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: George Jackson  
Permit #: 0-780  
Driller: J Prew  
Date drilling completed: 8-5-16

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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Scott Jackson</u>	Latitude: <u>30-43-34</u> Longitude: <u>88-33-60</u>
Mailing Address: <u>Towne Welles Rd</u>	<u>30-43-00</u> <u>88-26-08</u> ? Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale</u> <u>MS</u> <u>39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE SW 1/4 SW 1/4, Sec 12 T 45 R 5 W</u>
Telephone No. <u>(251) 366 8644</u>	<u>6</u> Miles <u>NE SE</u> of <u>Aguila, MS</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 8-4-16 Date drilling completed: 8-5-16 Hole depth: 160 Hole diameter: 4

Location of the source of any surface water used for drilling: Aguila, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal Bleach

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):  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 (circle all applicable): Home Industrial Public Supply  Irrigation Fish Culture

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

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

Static Water Level: 5 feet [above or  below] land surface Date measured: 8-5-16  
(circle one)

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

Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 10 inches Setting depth: From 0 feet to 160 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  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

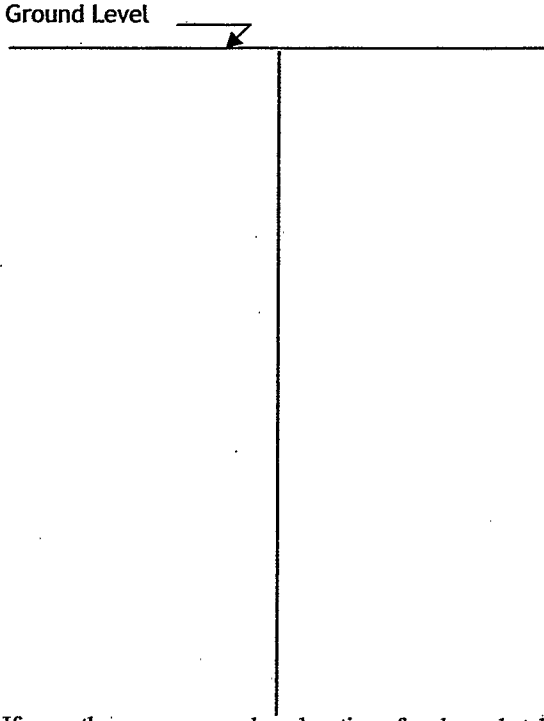
Received  
SEP 06 2016  
By OLWR

County: Jackson  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 0414

The sketch below only required for water wells

If well telescopes, show depths on sketch.

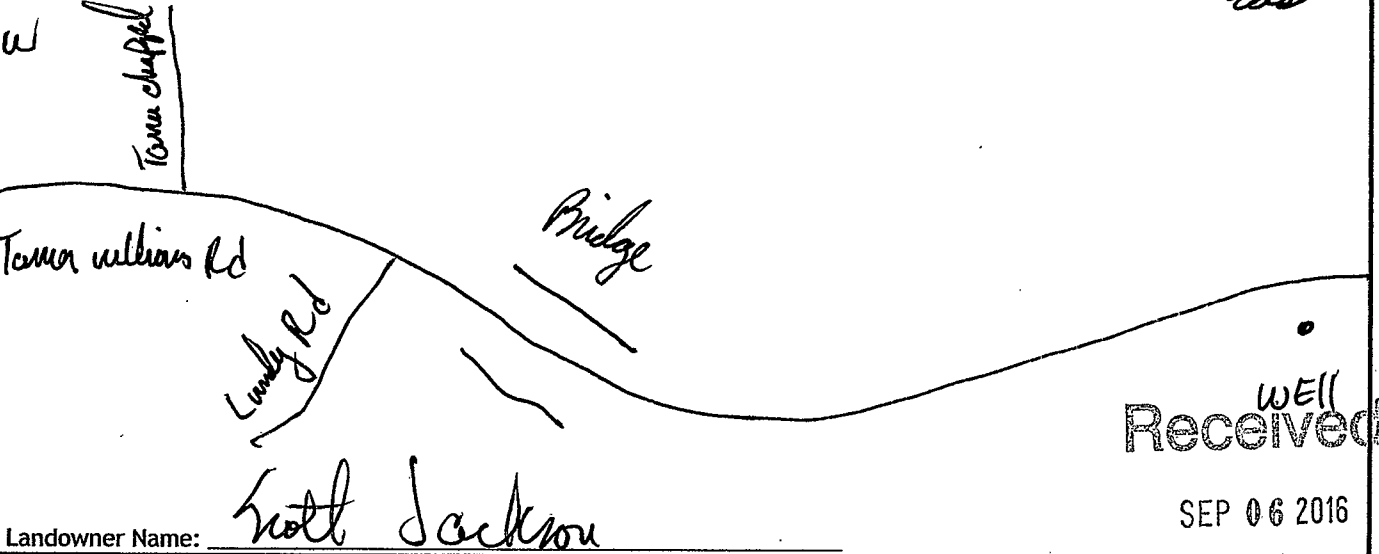


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
<u>Red sand</u>	<u>0</u>	<u>20</u>
<u>Clay</u>	<u>20</u>	<u>110</u>
<u>sand &amp; gravel</u>	<u>110</u>	<u>160</u>

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



**WELL Received**  
 SEP 06 2016

Landowner Name: North Jackson

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. By **OLWR**

JOEL PIERCE     0-780     8-5-16     Joel Pi

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: George Jackson  
Permit #: 0-780  
Driller: Joel P.  
Date completed: 8-5-16  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: DA14  
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>Scott Jackson</u>		Latitude: <u><del>30-43-54</del></u>	Longitude: <u><del>88-33-60</del></u>
Mailing Address: <u>Towne Wellbore Rd</u>		<u>30-43-00</u>	<u>88-26-08</u>
<u>Creedale</u> <u>MS</u> <u>39452</u>		Method of Lat/Long (check one): Conventional Survey _____	
City State Zip Code		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. <u>(251) 366-8644</u>		<u>NE SW</u> <u>SW NE</u> Sec <u>12</u> T <u>45</u> R <u>5W</u>	
		<u>6</u> Miles <u>SE</u> of <u>Agona, 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: 8-5-16 Rated Pump Capacity: 30 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: 1 1/2 hp Setting Depth: 100 feet Number of Stages: 15

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 8-5-16 Duration of Pump Test (minimum 4 hours): 48 hours  
Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface  
Drawdown [(B) - (A)]: 2 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 30 GPM with a drawdown of 2 feet after 48 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.  
JOEL PIERCE 0-780 8-5-16 Joel Pierce  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received  
SEP 06 2016  
By OLWR