

# 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 #: K65  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv. Inc.  
 Date drilling completed: 8-1-14

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Chris McNeil</u> Mailing Address: <u>129 CR 2343</u> <u>Louis</u> <u>Ms.</u> <u>39338</u> City State Zip Code Telephone No. <u>(601) 670-5492</u>		<b>Well or Borehole Location</b> Latitude: <u>32° 2' 18"</u> Longitude: <u>89° 11' 23"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE</u> <sup>SW</sup> <u>SW</u> <sup>SE</sup> <u>SE</u> <sup>NE</sup> , Sec. <u>5</u> <input checked="" type="checkbox"/> T. <u>2N</u> <input checked="" type="checkbox"/> R. <u>12E</u> <u>1.6</u> Miles <u>E</u> of <u>Bay Springs</u> (Distance) (Direction) (Nearest Town)	
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**Well / Borehole Data**

Date drilling started: 7-17-14 Date drilling completed: 8-1-14 Hole depth: 411' Hole diameter: 6 3/4"  
 Location of the source of any surface water used for drilling: Tallahala Water Assn.  
 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):  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: 100 feet (above or  below land surface) Date measured: 8-1-14  
 Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): Sonic  
 Well depth: 404' Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement  Bentonite  Mix  
 Casing length: 384 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sawal PVC  
 Screen slot size: .006 inches Setting depth: From 384 feet to 404 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*

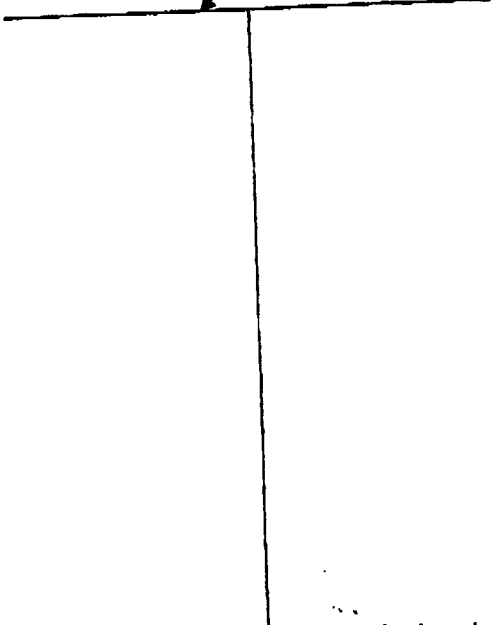
County: Jasper  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: K65

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



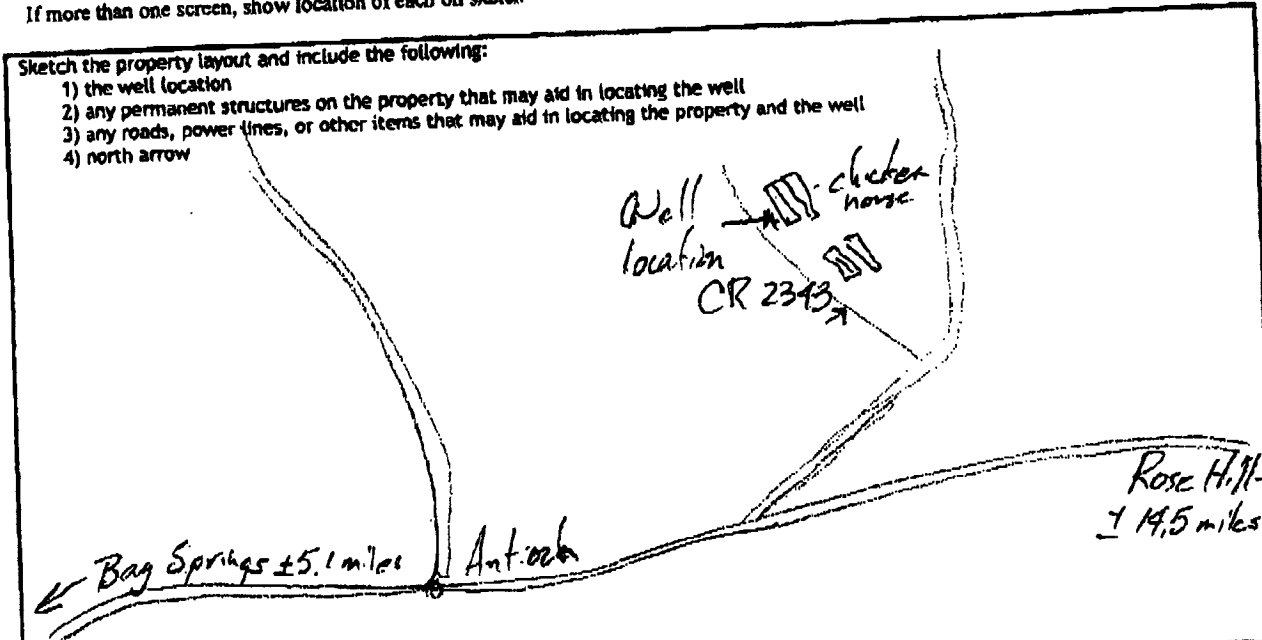
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
<u>Orange sandy clay</u>	<u>12</u>	<u>12</u>
<u>Gray clay</u>	<u>12</u>	<u>85</u>
<u>gray-green clay</u>	<u>35</u>	<u>255</u>
<u>Hard streak</u>	<u>255</u>	<u>256</u>
<u>Gray clay</u>	<u>256</u>	<u>308</u>
<u>Hard streak</u>	<u>308</u>	<u>309</u>
<u>Clay</u>	<u>309</u>	<u>314</u>
<u>Sand + sea shells</u>	<u>314</u>	<u>330</u>
<u>Sandy clay</u>	<u>330</u>	<u>337</u>
<u>Sand</u>	<u>337</u>	<u>344</u>
<u>Clay, grayish brown</u>	<u>344</u>	<u>357</u>
<u>Sandy clay</u>	<u>357</u>	<u>362</u>
<u>Sand w/ hard lignite</u>	<u>362</u>	<u>370</u>
<u>Sandy clay</u>	<u>370</u>	<u>374</u>
<u>Sand w/ hard lignite</u>	<u>374</u>	<u>409</u>
<u>Clay</u>	<u>409</u>	<u>411</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



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.

Mike Baughman 587  
 Print Name of Responsible Licensee and License No.

8-11-14  
 Date

[Signature]  
 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)

#### For Office Use Only:

Well #: K65  
 Aquifer: \_\_\_\_\_

County: T Jasper  
 Permit #: \_\_\_\_\_  
 Driller: A-L Drilling Serv. Inc.  
 Date completed: 8-1-14  
 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		Well Location	
Owner Name: <u>Charis McNeil</u>	Latitude: <u>32° 1' 18"</u>	Longitude: <u>89° 11' 23"</u>	
Mailing Address: <u>129 CR 2343</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
<u>Louis</u> <u>Ms.</u> <u>39338</u>	USGS quad <u>NE SW 1/4</u> , Sec. <u>5</u> , T. <u>2N</u> R. <u>11E</u>		
City State Zip Code	<u>+6</u> Miles <u>E</u> of <u>Bay Springs</u> (Distance) (Direction) (Nearest Town)		
Telephone No. <u>(601) 670 5492</u>			

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

Date Pump Installed: 8-4-14 Rated Pump Capacity: 55 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement Used pump furnished by owner

Power Type (circle one): Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 5 Setting Depth: 200 feet Number of Stages: 15

Pump Test Data for Non Flowing Well

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

Static Water Level (A): 100 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): Sonic

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.

Mike Baughman 587 8-11-14 Mike Baughman  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer