

Well # 1

# 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: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: Cain  
 Date drilling completed: 3-21-2015

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: K69  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Donaven Windy hem</u>	Latitude: <u>31° 58' 25"</u> Longitude: <u>89° 07' 44"</u>
Mailing Address: <u>126 CR 29</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Bay Springs MS 39422</u>	NE USGS quad, Hand-held GPS, Survey-grade GPS <u>E</u>
City State Zip Code	<u>N 1/4 NW 1/4 Sec 36 Twn 2N Rng 11E</u>
Telephone No. <u>(601) 678 3959</u>	Distance Direction Nearest Town
	<u>9 Miles East of Bay Springs MS</u>

**Well / Borehole Data**

Date drilling started: 2/15 Date drilling completed: 3/15 Hole depth: 430 Hole diameter: 4x2

Location of the source of any surface water used for drilling: County Water Well

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 (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: Chicken Farm

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 3-30-2015

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

Well depth: 430 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 380 feet to 430 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: 340 feet. *If telescoped or more than one screen, describe on next page*

MS Water Well Drilling 4-17-2015  
0-374

*[Signature]*

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APR 23 2015

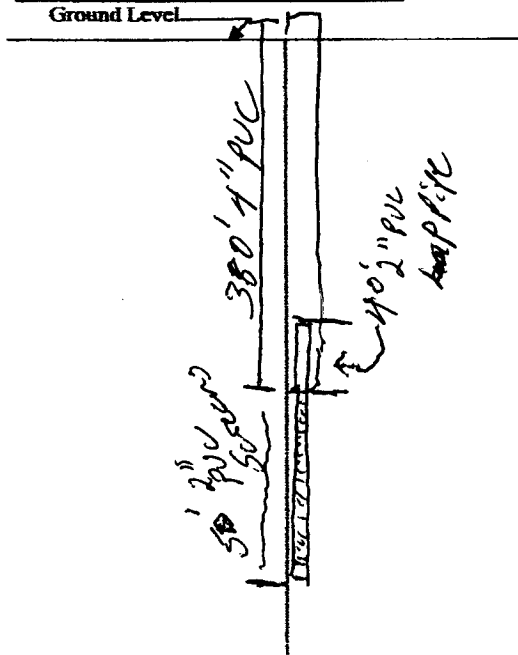
BY: OLWR

K69

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



Well #1

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)
Top Soil & Clay	Ground Level	10
Clay	10	210
Sand	210	225
Clay	225	300
Sea Shells Sand	300	340
Broken Clay	340	380
Hard Sand	380	430

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.

Google Map Attached to Back

Landowner Name: Donaven Windyham

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

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.

Mr Water Well Drilling 4-17-2015 Newton

Print Name of Responsible Licensee and License No  
O-374

Date

Signature of Licensee

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Well #1

# 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)

County: Sussex  
 Permit #: \_\_\_\_\_  
 Driller: Cain  
 Date completed: 3-31-2015  
 Copy information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K69  
 Elevation: \_\_\_\_\_

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>Domenic Windingham</u>	Latitude: <u>31°58'25"</u> Longitude: <u>89°07'44"</u>
Mailing Address: <u>126 CR 29</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bay Springs MS 39422</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(601) 678-3959</u>	<u>NE 1/4 NW 1/4 Sec 36 T 2N R 11E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>9</u> Miles <u>E</u> of <u>Bay Springs, MS</u>

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): <u>SB</u>	Horse Power Rating of Motor: <u>5hp</u>
Date Pump Installed: <u>3-30-2015</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>3-30-2015</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>70</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

MC Water Well Drilling Signature of Pump Installer  
 Print Name of Pump Installer and License No. (if applicable) 0-374 4-17-2015

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BY: OLWR

Form: OLWR-SWR-1C (07-09)