

# 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 #: M30

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: Jasper

Permit #: \_\_\_\_\_

Driller: Cain

Date drilling completed: 6-19-14

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.

### Well Owner Information

(Landowner if borehole is not for a water well)

Owner Name: Debra Hosey

Mailing Address: 606 CR 41

Pachuta MS 39347  
City State Zip Code

Telephone No. (601) 340-1682

### Well or Borehole Location

Latitude: 32° 0' 21" N Longitude: 88° 57' 28" W

Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_

USGS quad \_\_\_\_\_, Hand-held GPS , Survey-grade GPS \_\_\_\_\_

NE 1/4 NW 1/4, Sec. 22 T 2N R 13E

6 Miles S/E of Pachuta MS  
(Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started 6-12-14 Date drilling completed: 6-19-14 Hole depth: 280 Hole diameter: 4"

Location of the source of any surface water used for drilling: Comm. Water System

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): Chicken Farm

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

Static Water Level: 140 feet [above or below] land surface Date measured: 6-18-14  
(circle one)

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

Well depth: 280 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 260 feet to 280 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

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BY: OLWE

Form: OLWR-SWR-1A (4/13)

MS Water Well Drilling 0-374 6-24-14

Well #2

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

**For Office Use Only:**  
Well #: M30

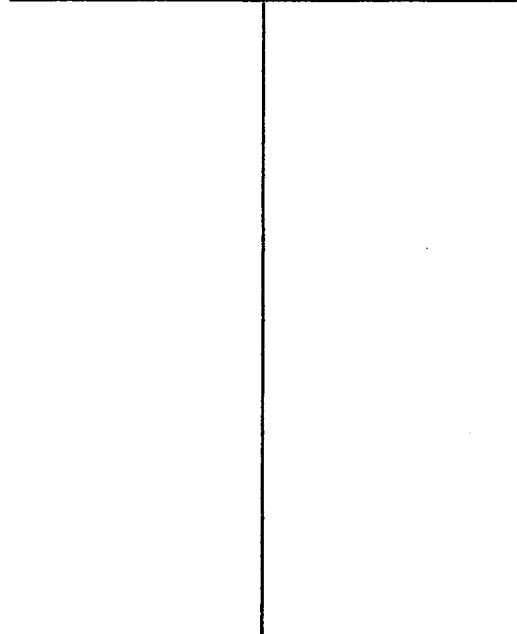
The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

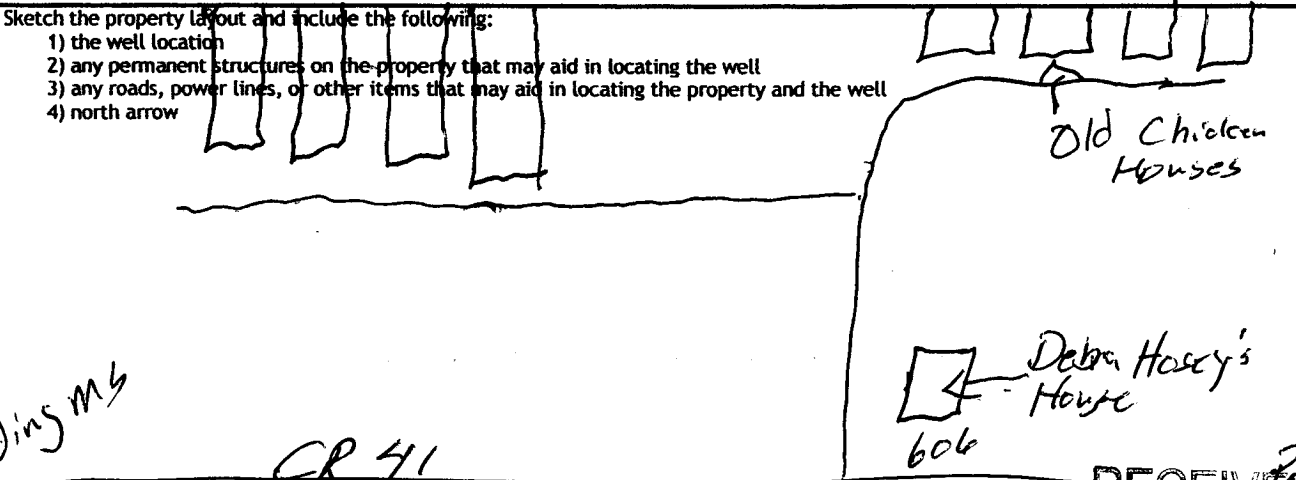
Ground Level 

*well #2*



Description of Formations Encountered	From (depth)	To (depth)
Top Soil & Clay	Ground level	25
Sand	25	35
Clay	35	115
Fine Sand	115	140
Clay	140	220
Good Sand	220	280

If more than one screen, show location of each on sketch



*Packaging MS*

*RECEIVED Debra MS*

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Landowner Name: Debra Hosey

BY: OLWR

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.

McWater Well Drilling  
Print Name of Responsible Licensee and License No.

6-24-14  
Date

Nelson  
Signature of Licensee

*0374*

# 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 #: M 30

Aquifer: \_\_\_\_\_

County: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: Carr  
 Date completed: 6-19-14  
 Copy information from block on Part 1

Well #2

*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>Debra Hosey</u>	Latitude: <u>32° 0' 21" N</u> Longitude: <u>88° 57' 28" W</u>
Mailing Address: <u>606 CR 41</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pachuta</u> <u>MS</u> <u>39347</u> City State Zip Code	<u>NE</u> <u>1/4</u> <u>22</u> <u>T 2 N</u> <u>R 13 W</u> Miles (Distance) <u>S/E</u> of <u>Paulding</u> MS (Direction) (Nearest Town)
Telephone No. <u>(601) 340-1682</u>	

**Pump Type (circle one)**

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

Date Pump Installed: 6-18-14 Rated Pump Capacity: 50 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: 5 hp Setting Depth: 200 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-18-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 140 Feet Below Land Surface Pumping Water Level (B): 165 Feet Below Land Surface

Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 50 Gallons Per Minute

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

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded 50 GPM with a drawdown of 25 feet after 4 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

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**BY: OLWR**

*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.

Ms Water Well Drilling 0374 6-24-14 Nelson Carr  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer