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# State Well Report

Part 1 - Driller's Log 1 2017  
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: Tosper  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date drilling completed: 5-4-15

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 0725  
 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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Johnny Windham</u> Mailing Address: <u>283 CR 273</u> <u>Ray Springs MS 39422</u> City State Zip Code Telephone No. <u>(601) 764-3465</u>	<b>Well or Borehole Location</b> Latitude: <u>31° 57' 00" N</u> Longitude: <u>89° 11' 07" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 5</u> Twn <u>1 N</u> Rng <u>11 E</u> Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Ray Springs</u>
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**Well / Borehole Data**

Date drilling started: 3-25-15 Date drilling completed: 5-4-15 Hole depth: 1000 Hole diameter: 5"

Location of the source of any surface water used for drilling: Public Supply  
 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): Dea

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: poultry

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

Static Water Level: 202 feet above or below (circle one) land surface Date measured: 5-4-15

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

Well depth: 890 Well grouted to a depth of 160 feet Type of grout (circle one): Neat Cement Bentonite  Mix

Casing length: 859 feet Casing diameter: 5 inches Type of casing: Pvc

Screen length: 20 feet Screen diameter: 2 inches Type of screen: SS wire wrap

Screen slot size: .008 inches Setting depth: From 870 feet to 890 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*



# 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: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date completed: 5-4-15  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: 025  
 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>Johnny Windham</u>	Latitude: <u>31 57 00 N</u> Longitude: <u>89 11 07 W</u>
Mailing Address: <u>283 CR 273</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> _____, Survey-grade GPS _____
<u>Bay Springs</u> <u>MS</u> <u>39422</u>	<u>SE 1/4 SE 1/4, Sec 5</u> <u>T. 1 N R. 1 E</u>
City State Zip Code	<u>4</u> Miles <u>SE</u> of <u>Bay Springs</u>
Telephone No. <u>(601) 764-3465</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 5-4-15 Rated Pump Capacity: 55 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 Setting Depth: 300 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5-4-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 202 Feet Below Land Surface Pumping Water Level (B): 218 Feet Below Land Surface

Drawdown [(B) - (A)]: 16 Feet Below Land Surface Test Pumping Rate: 60 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 \_\_\_\_\_ 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.

Arndd Finder Jr 0-560 5-10-15 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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 AUG 01 2017  
 BY OLWR