

well #1

STATE WELL REPORT

Part I

Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: P72
 Aquifer: _____
 E-Log #: _____

County: Jasper
 Permit #: _____
 Driller: David West
 Date drilling completed: 4-20-2018

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 <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location		
Owner Name: <u>Wayne Lovett</u>			Latitude: <u>31-56-21</u> Longitude: <u>89-06-33</u>		
Mailing Address: <u>177 CR 52816</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Heidelberg, MS, 39439</u>			USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____		
City _____ State _____ Zip Code _____			<u>SE</u> <u>NE</u> <u>NW</u> <u>SW</u> 1/4 1/4, Sec <u>7</u> T <u>1N</u> R <u>12E</u>		
Telephone No. (601) <u>427-9380</u>			<u>4</u> Miles <u>NW</u> of <u>Heidelberg</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data	
Date drilling started: <u>4-14-2018</u>	Date drilling completed: <u>4-20-18</u> Hole depth: <u>600'</u> Hole diameter: <u>6"</u>
Location of the source of any surface water used for drilling: <u>Community water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Tablets 50lb/m</u>	
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): <u>Pottery Farm</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>190</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>4-20-2018</u> (check one)	
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Sonar</u>	
Well depth: <u>600'</u> Well grouted to a depth of: <u>50'</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix	
Casing length: <u>560</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>560</u> feet to <u>600</u> feet	
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is divided into two main sections: the first section deals with the general situation and the second section deals with the progress of the work.

2. The second part of the report deals with the results of the work during the year. It is divided into two main sections: the first section deals with the results of the work in the field of research and the second section deals with the results of the work in the field of education.

3. The third part of the report deals with the financial situation of the institution during the year. It is divided into two main sections: the first section deals with the income and the second section deals with the expenditure.

4. The fourth part of the report deals with the personnel situation of the institution during the year. It is divided into two main sections: the first section deals with the staff and the second section deals with the students.

5. The fifth part of the report deals with the general conclusions of the work during the year. It is divided into two main sections: the first section deals with the general conclusions and the second section deals with the recommendations.

6. The sixth part of the report deals with the general conclusions of the work during the year. It is divided into two main sections: the first section deals with the general conclusions and the second section deals with the recommendations.

7. The seventh part of the report deals with the general conclusions of the work during the year. It is divided into two main sections: the first section deals with the general conclusions and the second section deals with the recommendations.

1. The first part of the document discusses the importance of maintaining accurate records.

2. It then goes on to describe the various methods used to collect and analyze data.

3. The next section details the results of the experiments and the conclusions drawn from them.

4. Finally, the document concludes with a summary of the findings and suggestions for further research.

5. The following table provides a detailed breakdown of the data collected during the study.

6. It is important to note that the data presented here is preliminary and subject to change.

7. The authors would like to thank the following individuals for their assistance and support:

8. Dr. John Doe, Department of Physics, University of California, Berkeley.

9. Mr. James Smith, Research Assistant, National Institute of Standards and Technology.

10. Ms. Sarah Johnson, Graduate Student, Department of Chemistry, Stanford University.

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13. The authors are grateful to the anonymous reviewers for their helpful comments and suggestions.

14. The data and code used in this study are available upon request to the corresponding author.

15. The authors have no conflicts of interest to declare.

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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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: P72
 Aquifer: _____

County: Jasper
 Permit #: _____
 Driller: _____
 Date completed: _____
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>Wayne Lovett</u>	Latitude: <u>31-56-21</u>		Longitude: <u>89-06-33</u>	
Mailing Address: <u>199 CR 52816</u>	Method of Lat/Long (check one): Conventional Survey _____			
<u>Heidelberg</u> MS <u>39439</u>	USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____			
City State Zip Code	<u>SE</u> ^{NE} / ₄ <u>NW</u> ^{SW} / ₄ , Sec <u>7</u> T <u>1</u> N R <u>14W</u>			
Telephone No. (601) <u>422-9380</u>	<u>4</u> Miles <u>NW</u> of <u>Heidelberg</u> <u>12E</u>			
	(Distance)	(Direction)	(Nearest Town)	

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-21-2018 Rated Pump Capacity: 50 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 5HP Setting Depth: 252 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): _____ 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 (check 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 (check 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.
David West 0-672 4-23-2018 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer