

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 39225-2309  
(601)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: B64  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

**RECEIVED**  
**03-24-2022**  
**BY OLWR**

*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><br>(Landowner if borehole is not for a water well)<br>Owner Name: <u>Clay Stamps</u><br>Mailing Address: <u>365 Mount Olive Rd.</u><br><u>Prentiss MS 39474</u><br>City State Zip Code<br>Telephone No. (601) <u>543-9956</u> |  |  | <b>Well or Borehole Location</b><br>Latitude: <u>31.7428266</u> Longitude: <u>-89.8448245</u><br>Method of Lat./Long (check one): Conventional Survey _____, X<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____<br><u>SW</u> <u>SE</u> <u>18</u> <u>9N</u> <u>18W</u><br><u>10</u> Miles <u>N</u> of <u>Prentiss</u><br>(Distance) (Direction) (Nearest Town) |  |  |
|---|--|--|--|--|--|

**Well / Borehole Data**

Date drilling started: 1-26-2022 Date drilling completed: 1-28-2022 Hole depth: 483ft Hole diameter: 6 1/2in

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

Method of dosing and volume of Chlorine used in drilling and development: Tabs 50 PPM

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): MDEQ- Logging Division

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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
Hydraulic Fracturing

Other (describe): \_\_\_\_\_

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

Static Water Level: 135 feet  above or  below land surface Date measured: 1-28-2022  
 (check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): Sonar

Well depth: 483 Well grouted to a depth of: 336 feet Type of grout (check one)  Neat Cement  Bentonite  Mix  
336 6 Steel

Casing length: 40 feet Casing diameter: 4 inches Type of casing: Stainless Steel

Screen length: 40 feet Screen diameter: 4 inches Type of screen: \_\_\_\_\_

Screen slot size: .008 inches Setting depth: From 440 feet to 480 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 315 feet

*If telescoped or more than one screen, describe on next page*

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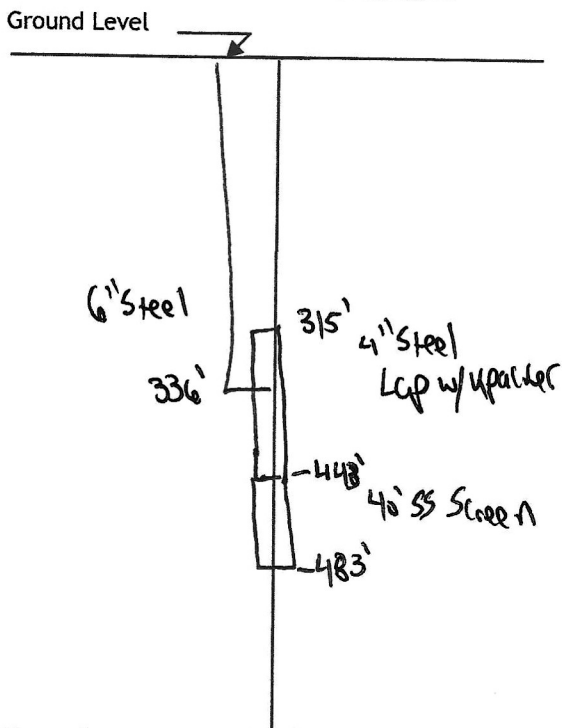
03-24-2022

BY OLWR

County: Jeff Davis  
Permit #: MS-GW-17622

For Office Use Only:  
Well #: B64

The sketch below only required for water wells  
If well telescopes, show depths on sketch.



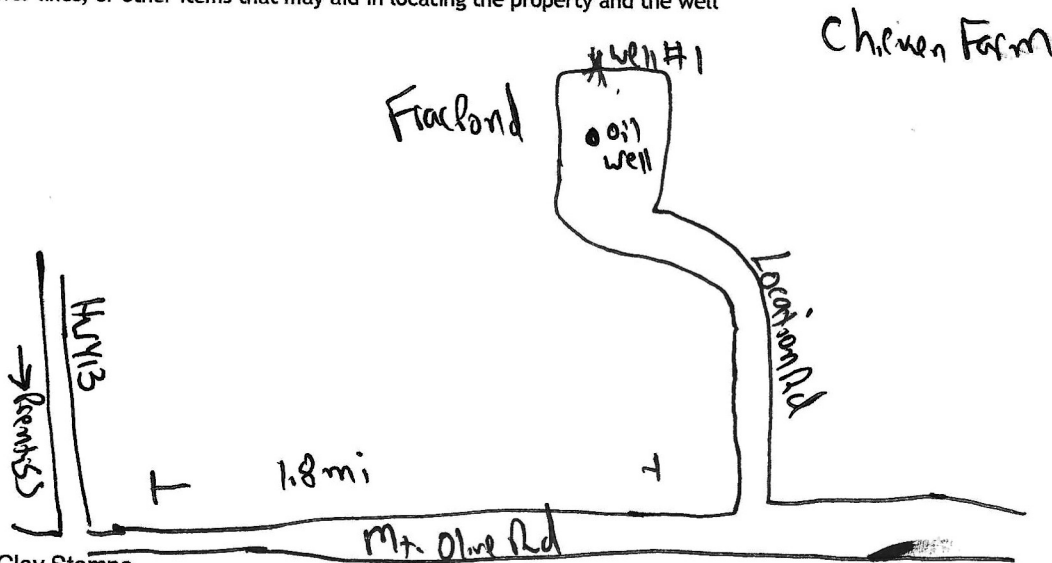
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Table with 3 columns: Description of Formations Encountered, From (depth) Ground level, To (depth). Rows include Clay, Sandy Clay, Sand, Sand and Gravel, and Coarse Sand with corresponding depth ranges.

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: Clay Stamps

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.

Travis West UNR-00010622

2-12-2022

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# 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: Jeff Davis  
 Permit #: MS-GW-17622  
 Driller: Travis West  
 Date completed: 1-28-2022  
Copy information from block on Part 1

**For Office Use Only:**

Well #: B64  
 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>Clay Stamps</u>               |           |              | Latitude: <u>31.7428266</u> Longitude: <u>-89.8448245</u>   |  |  |
| Mailing Address: <u>365 Mount Olive Rd</u>   |           |              | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |  |  |
| <u>Prentiss</u>                              | <u>MS</u> | <u>39474</u> | SW <u>1/4</u> SE <u>1/4</u> , Sec <u>18</u> T <u>9N</u> R <u>18W</u>  |  |  |
| City   | State     | Zip Code     | 10 Miles N of <u>Prentiss</u>   |  |  |
| Telephone No. ( <u>601</u> ) <u>543-9956</u> |           |              | (Distance) (Direction) (Nearest Town)   |  |  |

**Pump Type (check one)**

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

Date Pump Installed: 2-9-2022 Rated Pump Capacity: 230 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: 15 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: PRM Filtration Meter Serial Number: 21M-003653

Meter Model Number/Name: WM300PVX Type of Meter: Mechanical/Paddle

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): 4 gallons

Installation Date: 2-15-2022 Meter installed by: Travis West

Is This Meter (check 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.

Travis West UNR-00010622 2-18-2022

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