

Well #2

# STATE WELL REPORT

Jeff Davis  
 County: MS-GW-17623  
 Permit #: Travis West  
 Driller: 2-4-2022  
 Date drilling completed: \_\_\_\_\_

**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 #: B65  
 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> (Landowner if borehole is not for a water well) <b>Clay Stamps</b> Owner Name: _____ Mailing Address: <u>365 Mount Olive Rd</u> <u>Prentiss MS 39474</u> City State Zip Code Telephone No. (____) <u>601 543-9956</u>			<b>Well or Borehole Location</b> Latitude: <u>31.7423707</u> Longitude: <u>-89.8448195</u> Method of Lat/Long (check one): Conventional Survey_____, USGS quad <u>X</u> , Hand-held GPS_____, Survey-grade GPS_____ <u>SW</u> <u>SE</u> <u>18</u> <u>9N</u> <u>18W</u> <u>10</u> Miles <u>N</u> of <u>Prentiss</u> (Distance) (Direction) (Nearest Town)		
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**Well / Borehole Data**  
 Date drilling started: 1-31-2022 Date drilling completed: 2-4-2022 Hole depth: 480ft 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: Tab 50 PPM  
 Logs run (check all applicable):  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 all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): Hydraulic Fracturing  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 137 feet  above or  below land surface Date measured: 2-4-2022  
 (check one)  
 Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): Sonar  
 Well depth: 480 Well grouted to a depth of: 336 feet Type of grout (check one)  Neat Cement  Bentonite  Mix  
 Casing length: 336 feet Casing diameter: 6 inches Type of casing: Steel  
 Screen length: 60 feet Screen diameter: 4 inches Type of screen: Stainless Steel  
 Screen slot size: .008 inches Setting depth: From 420 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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County: Jeff Davis
Permit #: MS-GW-17623

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

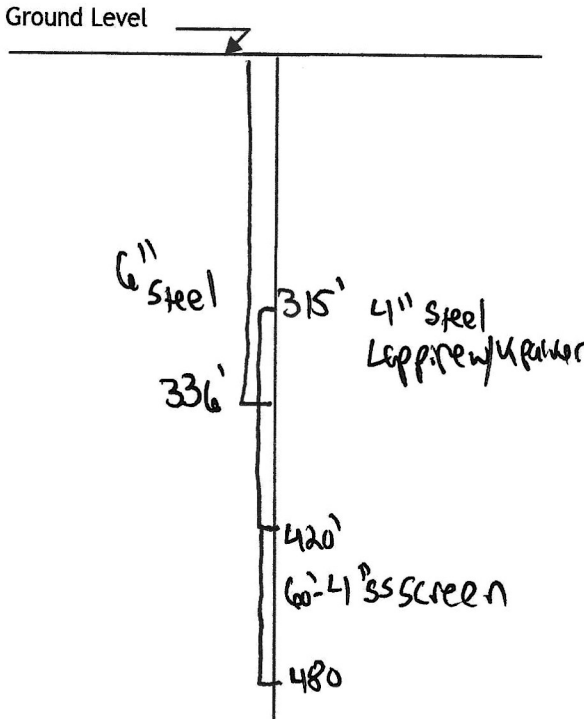
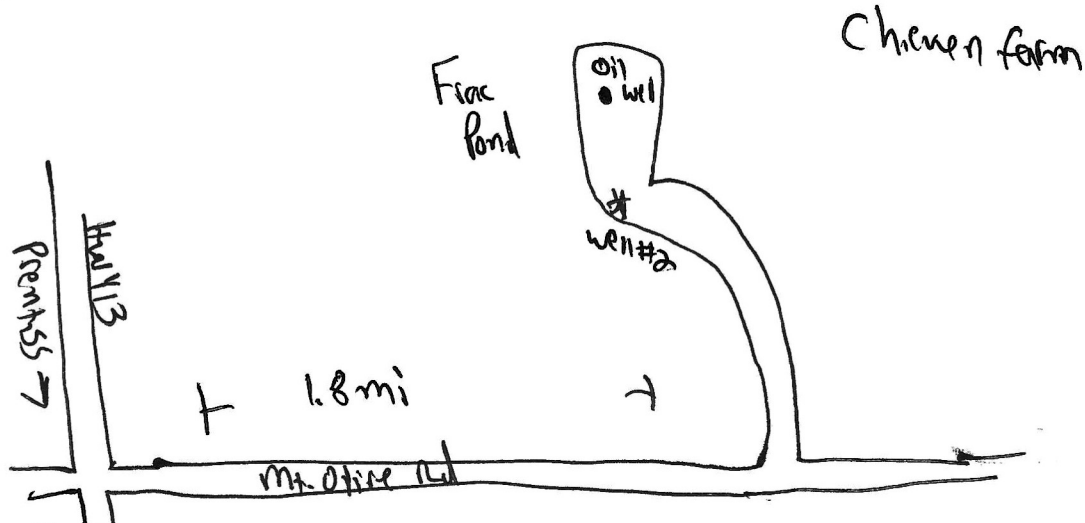


Table with 3 columns: Description of Formations Encountered, From (depth) Ground level, To (depth). Rows list geological layers like Clay, Sandy Clay, Sand, Sand and Gravel with their respective depth ranges.

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

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# STATE WELL REPORT

County: Jeff Davis  
Permit #: MS-GW-17623  
Driller: Travis West  
Date completed: 2-4-2022  
*Copy information from block on Part 1*

**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 #: B65  
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>31.7423707</u> Longitude: <u>-89.8448195</u>		
Mailing Address: <u>365 Mount Olive Rd</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad <u>X</u> , 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 Mt. Olive		
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-003649  
Meter Model Number/Name: WM300PVX Type of Meter: Mechanical/Paddle  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): 7 gallons  
Installation Date: 2-15-2022 Meter installed by: Travis West  
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.  
Travis West. UNR-00010622 2-17-2022  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer