

# 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)

County: Jefferson Davis

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

Driller: James M. Wells

Date drilling completed: 9-7-17

### For Office Use Only:

Well #: G51

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

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Rhonda Phillips</u>	Latitude: <u>31°32.59N</u> Longitude: <u>89°42.48W</u> <u>31-32-59</u> <u>89-42-48</u>
Mailing Address: _____ <u>George W. King Rd.</u> <u>Bassfield MS 39421</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE ¼ NW ¼, Sec 28 T 7N R 17W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data	
Date drilling started: <u>9-7-17</u> Date drilling completed: <u>9-7-17</u> Hole depth: <u>220</u> Hole diameter: <u>7½"</u>	
Location of the source of any surface water used for drilling: <u>running creek</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>9-7-17</u> (circle one)	
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>220</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Mix	
Casing length: <u>220</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</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>220</u> feet to <u>220</u> feet	
Type of completion (circle 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	

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

NOV 03 2017  
BY OLWR



# 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: Jefferson Davis  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date completed: 9-7-17  
Copy information from block on Part 1

**For Office Use Only:**  
Well #: 651  
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>Rhonda Phillips</u>	Latitude: <u>31°32.59N</u> Longitude: <u>89°42.48W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>George W. King Rd.</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
<u>Bassfield</u> <u>MS</u> <u>39421</u>	_____ Miles _____ of _____
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 9-7-17 Rated Pump Capacity: 12 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: 1 Setting Depth: 140 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 9-7-17 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface  
Drawdown [(B) - (A)]: 109 Feet Below Land Surface Test Pumping Rate: 17 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: **RECEIVED**  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_ **NOV 03 2017**  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
Is This Meter (circle one): New Repaired Replacement **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.  
James M. Wells 00005889 10-31-17 James M. Wells  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer