

**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  
(601)961-5210  
(601)961-5228 (fax)

County Jefferson  
Permit # GW16884  
Driller: Aldric Jones  
Date drilling completed: 3-28-12

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: H3  
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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jefferson County Board of Supervisors</u>	Latitude: <u>31° 42' 43"</u> Longitude: <u>91° 03' 44.52"</u>
Mailing Address: <u>P.O. Box 145</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Fayette</u> <u>MS</u> <u>39069</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1R 1/4 NW 1/4 Sec 45 Twn 9N Rng 1E</u>
Telephone No. <u>(601) 925-4444</u>	Distance Direction Nearest Town <u>Miles Spring St of</u>

**Well / Borehole Data**

Date drilling started: 2-27-12 Date drilling completed: 3-28-12 Hole depth: 643 Hole diameter: 21"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
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): MS Office of Geology

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: \_\_\_\_\_

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

Static Water Level: 175' feet above or below (circle one) land surface Date measured: 8-9-12

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

Well depth: 544' Well grouted to a depth of 500 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 12 inches Type of casing: steel

Screen length: 40 feet Screen diameter: 8 inches Type of screen: stainless steel

Screen slot size: .020 inches Setting depth: From 503 feet to 543 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: 60 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Jefferson  
 Permit #: \_\_\_\_\_  
 Driller: Michael Wells  
 Date completed: 8-9-12  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H 31  
 Elevation: \_\_\_\_\_

*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>Jefferson County Board of Supervisors</u>	Latitude: <u>31° 42' 43"</u> Longitude: <u>91° 03' 44.52</u>
Mailing Address: <u>P.O. Box 145</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Fayette</u> <u>MS</u> <u>39069</u> City State Zip Code	<u>12</u> <u>1/4</u> <u>NW</u> <u>1/4</u> Sec <u>45</u> T <u>9N</u> R <u>1E</u>
Telephone No. <u>(601) 925-4444</u>	Distance _____ Miles <u>Spring</u> of _____ Nearest Town _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>8-7-12</u>	Setting Depth: <u>250</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>9-18-12</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>175</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>198</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) (A)]: <u>23</u> Feet Below Land Surface	Well yielded <u>356</u> GPM with a drawdown of
Test Pumping Rate: <u>356</u> Gallons Per Minute	<u>23</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer