

308

# STATE WELL REPORT

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: A & D Drilling Service Inc  
 Date drilling completed: 11-5-19

**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)964-5210  
 (601)360-0535 (fax)

**For Office Use Only:**  
 Well #: A 139  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Kelvin Simmons</u>	Latitude: <u>31°45'55"N</u> Longitude: <u>89°15'98"W</u>
Mailing Address: <u>292 Oleander Trail</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Evans</u> State: <u>Ga.</u> Zip Code: <u>30809</u>	<u>SE 1/4 NE 1/4, Sec 11 T 9N R 13W</u>
Telephone No. <u>(845) 401 9506</u>	<u>1</u> Miles <u>NE</u> of <u>Joso</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 11-4-19 Date drilling completed: 11-5-19 Hole depth: 141 Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Joso Water Assn.

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  Others \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): Water Cattle

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

Static Water Level: 40' feet (above or  below) land surface Date measured: 11-5-19

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic

Well depth: 140' Well grouted to a depth of: 15' feet Type of grout (circle one): Neat Cement Bentonite  Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .006 inches Setting depth: From 120 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole  Natural Development

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

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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

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

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \_\_\_\_\_

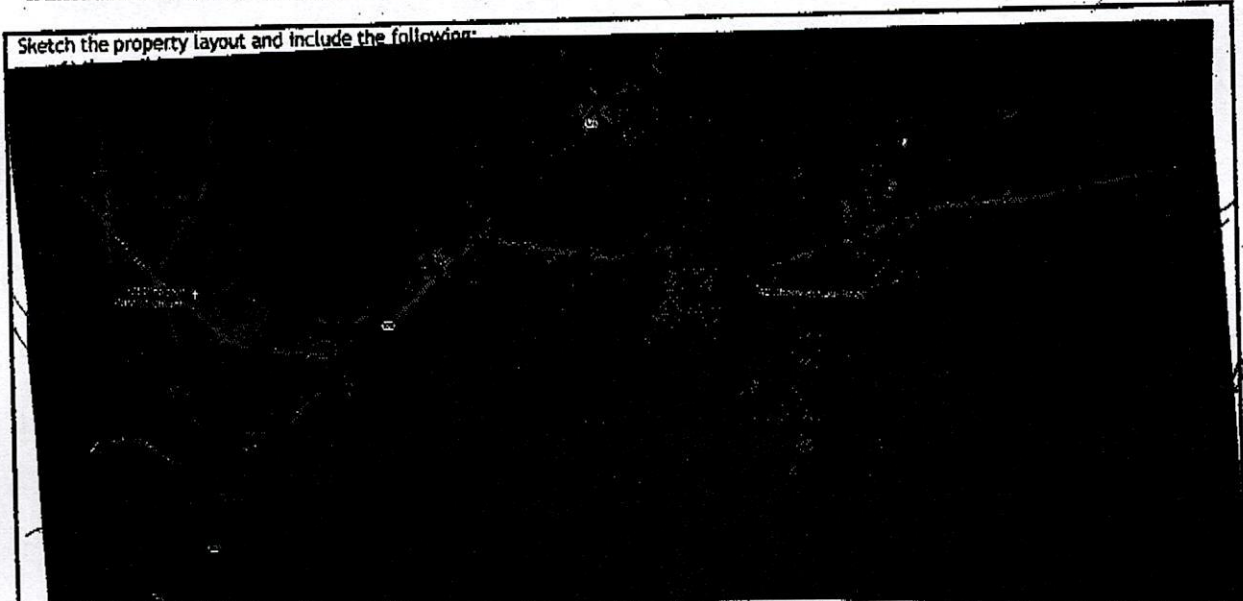
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	2
Orange sandy clay	2	21
Tan Sand	21	62
Tan clay	62	104
Sand	104	140
pink clay	140	141

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If more than one screen, show location of each on sketch

Sketch the property layout and include the following:



Landowner Name: Kevin Simmons 40 Shady School Rd.

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.

Mike Baughman 587  
 Print Name of Responsible Licensee and License No.

11-12-19  
 Date

[Signature]  
 Signature of Licensee

Form: OLWR-SWR-1A (4/13)

### 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 #: A 139  
 Aquifer: \_\_\_\_\_

County: JONES  
 Permit #: \_\_\_\_\_  
 Driller: A-L Drilling Serv. Inc.  
 Date completed: 11-5-19  
*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>Kelvin Simmons</u>		Latitude:	<u>31° 45' 55" N Longitude: 89° 15' 98" W</u>	
Mailing Address:	<u>242 Oleander Trail</u>		Method of Lat/Long (check one):	Conventional Survey _____, <u>57.20</u>	
<u>Evans</u>	<u>Ga.</u>	<u>30809</u>	USGS quad _____,	Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
City	State	Zip Code	<u>SE 1/4 NE 1/4, Sec 11 T 9N R 13W</u>		
Telephone No. <u>(845) 401 9506</u>			<u>1</u> Miles <u>NE</u> of <u>Soso</u>	(Distance) (Direction) (Nearest Town)	

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 11-7-19 Rated Pump Capacity: 18 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: 80 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 40 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 (circle one): Steel tape Electric tape Air line Other (describe): Sonic

**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 (circle 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.  
Mike Baughman 587 11-12-19 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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