

# 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 #: B129  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

**RECEIVED**  
**03-11-2020**  
**BY OLWR**

County: Jones  
Permit #: \_\_\_\_\_  
Driller: David West  
Date drilling completed: 3-9-2020

*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>Mike Johnson</u>	Latitude: <u>31.7012</u> Longitude: <u>-89.2193</u>
Mailing Address: <u>122 Cope Myrtle LN</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>NW 1/4 SE 1/4, Sec 32 T9N R12W</u>
City: <u>Lumbert</u> MS Zip Code: <u>39443</u>	<u>4</u> Miles <u>W</u> of <u>Lumbert</u>
Telephone No. <u>(601) 498-1690</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>3-9-2020</u> Date drilling completed: <u>3-9-2020</u> Hole depth: <u>94'</u> Hole diameter: <u>6 1/2"</u>
Location of the source of any surface water used for drilling: <u>well water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>7 lbs 50 ppm</u>
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" 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>43</u> feet <input type="checkbox"/> above on <input checked="" type="checkbox"/> below land surface Date measured: <u>3-9-2020</u> <small>(check one)</small>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>sonar</u>
Well depth: <u>94'</u> Well grouted to a depth of: <u>20</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>84</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>82</u> feet to <u>92</u> feet
Type of completion (check 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
<i>If telescoped or more than one screen, describe on next page</i>

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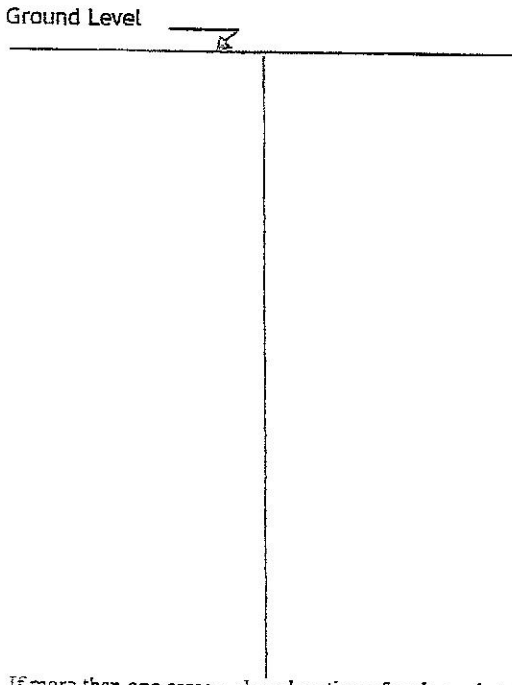
County: Jones  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: **B129**

The sketch below only required for water wells

If well telescopes, show depths on sketch.

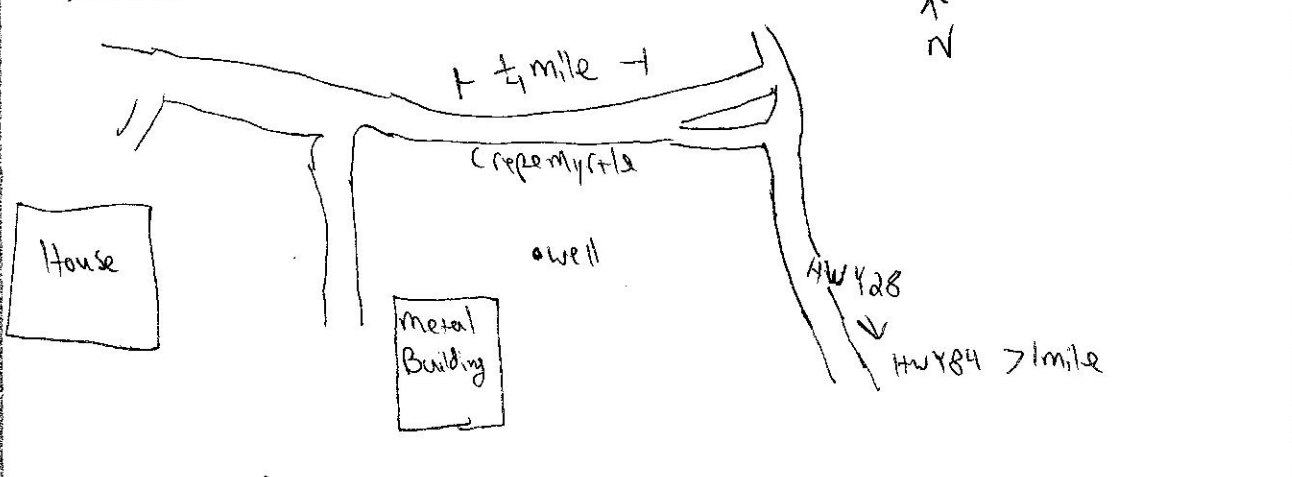
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground level	3
Hard Clay	3	29
Sandy - Fine	29	58
Sand - Medium	58	81
Sand - Good	81	92
Sandy Clay	92	94

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: Mike Johnson

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.

David West 0602      3-10-2020      David West  
 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: Jones
Permit #:
Driller: David West
Date completed: 3-9-2020
Copy information from block on Part 1

For Office Use Only:
Well #: B129
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: Mike Johnson, 122 Cape Myrtle Ln, Laurel, MS 39443, (601) 498-1690
Well Location: Latitude: 31.7012, Longitude: -89.2193, Method of Lat/Long: Conventional Survey, USGS quad: NW 1/4 SE 1/4, Sec 32 T 9N R 12W, 4 Miles W of Laurel

Pump Type (check one): Turbine, Date Pump Installed: 3-9-2020, Rated Pump Capacity: 30 Gallons Per Minute, Is This Pump (check one): New

Power Type (check one): Electric, Horse Power Rating of Motor: 2, Setting Depth: 80 feet, Number of Stages:

Pump Test Data for Non Flowing Well: Date Well Tested: , Duration of Pump Test (minimum 4 hours): , Static Water Level (A): , Pumping Water Level (B): , Drawdown [(B) - (A)]: , Test Pumping Rate: , Method of measurement (check one): Steel tape

Pump Test Data for Flowing Well: Measured shut in head: , 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 (check one): New, 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.
David West 0-672 3-10-2020 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer