

1166

# 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)

#### For Office Use Only:

Well #: P117  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: J.P. Thompson  
 Date drilling completed: 7-1-16

*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>Laurel Country Club</u>	Latitude: <u>31°41'45.8"</u> Longitude: <u>89°09'8.4"</u>
Mailing Address: <u>2011 Hwy 24 W</u> <u>Laurel, MS 39440</u>	Method of Lat/Long (check one): Conventional Survey _____
City _____ State _____ Zip Code _____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>1</u> T <u>8N</u> R <u>12W</u>
	<u>1</u> Miles <u>SW</u> of <u>Laurel</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-30-16 Date drilling completed: 7-1-16 Hole depth: 240 Hole diameter: 7

Location of the source of any surface water used for drilling: Well

Method of dosing and volume of Chlorine used in drilling and development: added 8 gallons bleach

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

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): \_\_\_\_\_

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

Static Water Level: 111 feet [above or  below] land surface Date measured: 7-1-16  
(circle one)

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

Well depth: 240 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .008 inches Setting depth: From 180 feet to 240 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

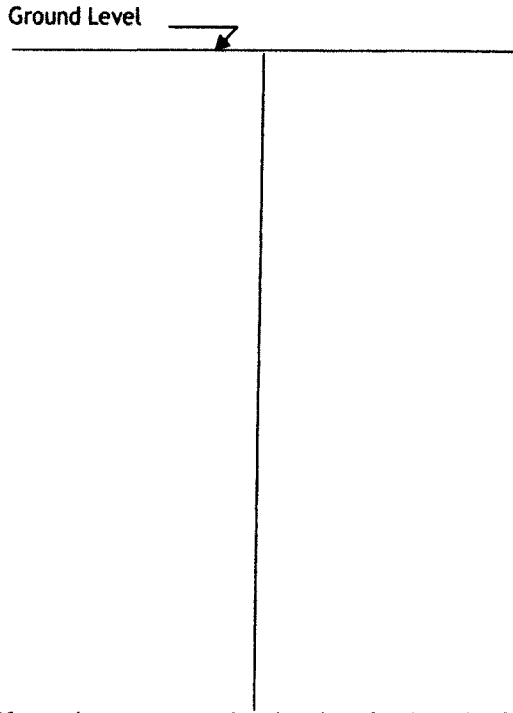
*If telescoped or more than one screen, describe on next page*

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

**For Office Use Only:**  
 Well #: F117

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)
red sandy clay	Ground level	20
white clay	20	35
clay	35	90
blue clay	90	165
clay & sand	165	180
sand	180	230
white clay	230	240

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: Laurel Country Club

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.

J.P. THOMPSON 0-624      7/19/16      J.P. Thompson  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# STATE WELL REPORT

County: Jones  
 Permit #:  
 Driller: J.P. Thompson  
 Date completed: 7-1-16  
*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 #: K117  
 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>Laurel Country Club</u>	Latitude: <u>31°41'45.8"</u> Longitude: <u>89°09'8.4"</u>
Mailing Address: <u>2011 Hwy 84W</u> <u>Laurel MS 39440</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec <u>1</u> T <u>8N</u> R <u>12W</u>
Telephone No. (____) _____	<u>1</u> Miles <u>SW</u> of <u>Laurel</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible    Turbine    Air Lift    Centrifugal    Flowing Well    Jet    Piston    Rotary    Other (describe): \_\_\_\_\_

Date Pump Installed: 7-1-16    Rated Pump Capacity: 85 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: 7.5    Setting Depth: 180 feet    Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7-1-16    Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 111 Feet Below Land Surface    Pumping Water Level (B): 115 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface    Test Pumping Rate: 100 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: \_\_\_\_\_

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.

J.P. THOMPSON 0-624    7/19/16    J.P. Thompson  
 Print Name of Pump Installer and License No. (if applicable)    Date    Signature of Pump Installer