

# 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 #: F119  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Jones  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 10-14-16

*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° 9' 8.7"</u>
Mailing Address: <u>2011 Hwy 84 W</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 _____	<u>NW 1/4 NE 1/4, Sec 1 T 8N R 12W</u>
Telephone No. (____) _____	<u>1</u> Miles <u>SW</u> of <u>Laurel</u> (Distance) (Direction) (Nearest Town)

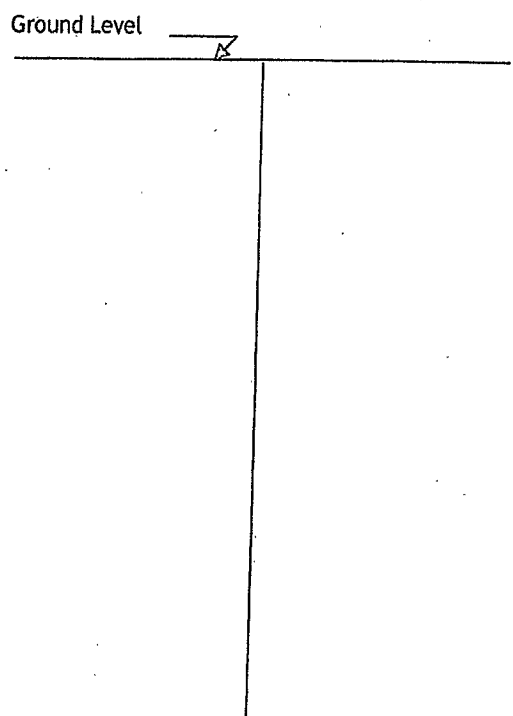
Well / Borehole Data
Date drilling started: <u>10-14-16</u> Date drilling completed: <u>10-14-16</u> Hole depth: <u>240</u> Hole diameter: <u>7</u>
Location of the source of any surface water used for drilling: <u>well</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>added 6 gallons of bleach</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="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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): Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input checked="" type="radio"/> Irrigation <input type="radio"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>124</u> feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>10-14-16</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input type="radio"/> Electric tape <input type="radio"/> <input checked="" type="radio"/> Air line <input type="radio"/> Other (describe): _____
Well depth: <u>240</u> Well grouted to a depth of: <u>50</u> feet Type of grout (circle one): Neat Cement <input type="radio"/> <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>180</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>60</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>
Screen slot size: <u>0.008</u> inches Setting depth: From <u>180</u> feet to <u>240</u> feet
Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input checked="" type="radio"/> 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>

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

**For Office Use Only:**  
 Well #: F119

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)
Sand & clay	Ground level	20
white clay	20	80
blue clay	80	160
sand & clay	160	180
coarse sand	180	234
clay	234	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.

John W Thompson 0679 11-1-16 John W Thompson  
 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: John W Thompson  
 Date completed: 10-14-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: F119  
 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°9' 8.7"</u>
Mailing Address: <u>2011 Hwy 84 W</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 _____	<u>NW ¼ NE ¼, Sec 1 T 8N R 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: 10-20-16 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: 10-14-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 124 Feet Below Land Surface Pumping Water Level (B): 141 Feet Below Land Surface

Drawdown [(B) - (A)]: 17 Feet Below Land Surface Test Pumping Rate: 50 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.

John W Thompson 0-679 11-1-16 John W Thompson  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



