

1246 well 6 replacement

# STATE WELL REPORT

County: Jones  
 Permit #: MS-GW-17466  
 Driller: John W Thompson  
 Date drilling completed: 1-2-2020

**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 #: G175  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

**RECEIVED**  
 07-07-2020  
 BY OLWR

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Masonite</u>	Latitude: <u>31° 40' 37"</u> Longitude: <u>89° 8' 7.6"</u>
Mailing Address: <u>1001 S. 4th Ave</u> <u>Lawel, MS 39440</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> ¼ <u>NE</u> ¼, Sec <u>7</u> T <u>8N</u> R <u>11W</u>
Telephone No. (____) _____	<u>0</u> Miles _____ of <u>Lawel</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 9-23-19 Date drilling completed: 12-2020 Hole depth: 240 Hole diameter: 17.5"

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

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): DEQ

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 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: 70 feet  above or  below land surface (check one) Date measured: 1-2-2020

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

Well depth: 219 Well grouted to a depth of: 50 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 159 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 12" inches Type of screen: 10x12 maripac

Screen slot size: .020 inches Setting depth: From 159 feet to 219 feet

Type of completion (check 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*



# 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 #: G175  
Aquifer: \_\_\_\_\_

County: Jones  
Permit #: MS-GW-17466  
Driller: John W Thompson  
Date completed: \_\_\_\_\_  
*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>Mesquite</u>	Latitude: <u>31° 40' 37"</u> Longitude: <u>89° 8' 7.6"</u>
Mailing Address: <u>1001 S. 4th Ave</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>7</u> T <u>8N</u> R <u>11W</u>
Telephone No. (____) _____	<u>0</u> Miles of <u>Laurel</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 400 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 40 (575watts) Setting Depth: 210 feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-2-2020 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 70 Feet Below Land Surface Pumping Water Level (B): 180 Feet Below Land Surface

Drawdown [(B) - (A)]: 110 Feet Below Land Surface Test Pumping Rate: 450 Gallons Per Minute

Method of measurement (check 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 (check 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 7-1-2020 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



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BY OLWR

Google Maps 31°40'37.3"N 89°08'07.6"W



Map data ©2020 200 ft