

1196

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 #: N122
Aquifer: _____
E-Log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 10-2-17

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>Ryan Robinson</u>	Latitude: <u>31°30'40.3"</u> Longitude: <u>89°15'57.0"</u>
Mailing Address: <u>162 Moselle-Oak Grove rd</u> <u>Moselle MS 39459</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>2</u> T <u>6N</u> R <u>13W</u>
Telephone No. (____) _____	<u>1</u> Miles <u>E</u> of <u>Moselle</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 9-26-17 Date drilling completed: 10-2-17 Hole depth: 760 Hole diameter: 7

Location of the source of any surface water used for drilling: local stream

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): Poultry Farm

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

Static Water Level: 216 feet [above or below] land surface Date measured: 10-2-17
(circle one)

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

Well depth: 740 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 680 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: 0008 inches Setting depth: From 680 feet to 740 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

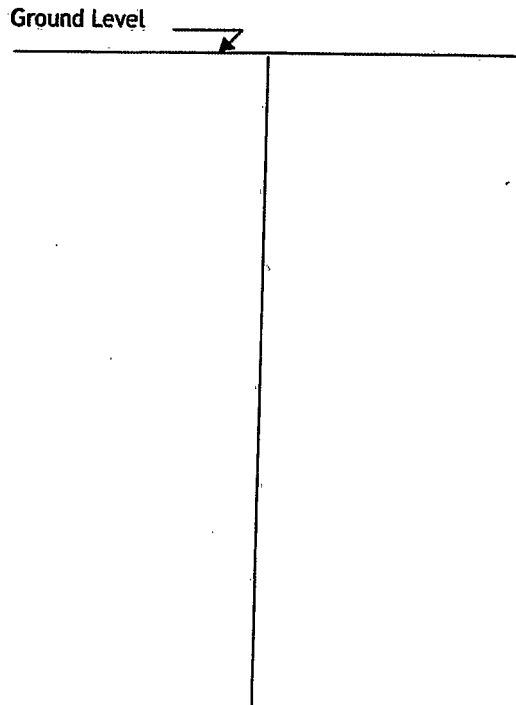
If telescoped or more than one screen, describe on next page

County: Jones
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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)
clay	Ground level	20
sand	20	40
soft clay	40	100
sand	100	220
blue clay	220	275
sand	275	350
sand + gravel	350	375
clay	375	510
sand	510	570
blue clay	570	590
rock	590	600
white clay	600	660
clay + sand	660	680
sand	680	740
clay	740	760

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

see attached map

Landowner Name: Ryan Robinson

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 0-679 10-12-17 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)

For Office Use Only:

Well #: N122
Aquifer: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date completed: 10-2-17

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>Ryan Robinson</u>		Latitude:	<u>31°30'40.3"</u>	Longitude: <u>89°15'57"</u>
Mailing Address:	<u>162 Moselle Oak Grover rd</u> <u>Moselle MS 39459</u>		Method of Lat/Long (check one):	Conventional Survey _____	
City	State	Zip Code	USGS quad _____	Hand-held GPS _____	Survey-grade GPS _____
Telephone No. (____)			_____ ¼ _____ ¼, Sec _____ T _____ R _____		
			<u>1</u> Miles <u>E</u> of <u>Moselle</u>	(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 10-11-17 Rated Pump Capacity: 3hp 40gpm 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: 5-VFD Setting Depth: 273 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 10-2-17 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 216 Feet Below Land Surface Pumping Water Level (B): 231 Feet Below Land Surface
Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

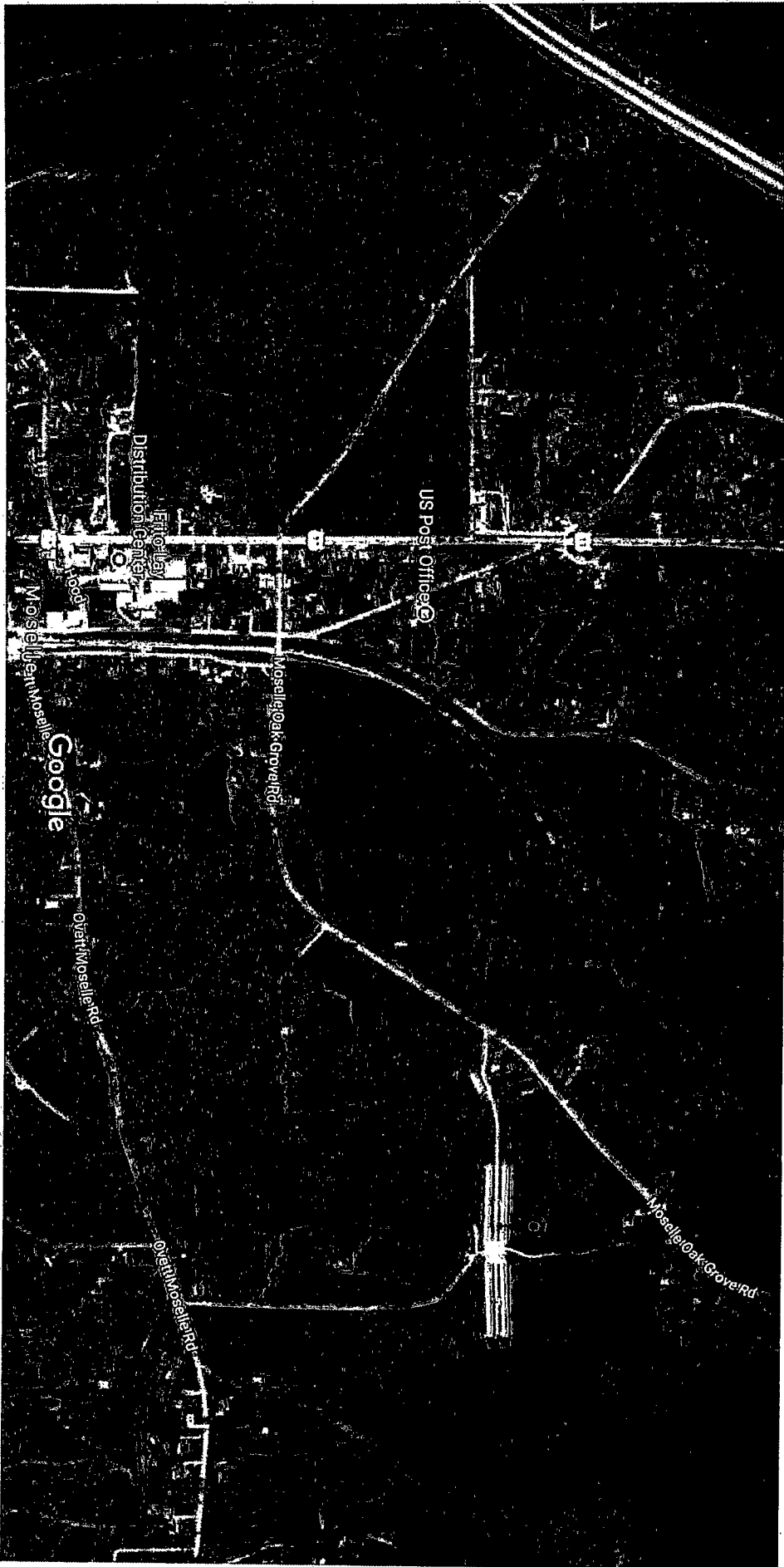
Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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 10-12-17 John W Thompson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Google Maps

31°30'40.3"N 89°15'57.0"W
1196



Imagery ©2017 Google, Map data ©2017 Google United States 500 ft

