

# STATE WELL REPORT

## Part I

### 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)

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv. Inc.  
 Date drilling completed: 9-20-17

**For Office Use Only:**  
 Well #: N124  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*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>Tommy Landrum #2</u>	Latitude: <u>31° 28' 9" N</u> Longitude: <u>89° 15' 9" W</u>
Mailing Address: <u>160 Chester Mosely Rd.</u>	Method of Lat./Long (check one): Conventional Survey _____
<u>Moselle</u> <u>Ms.</u> <u>39459</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW<sup>NW</sup> 1/4 NE<sup>SE</sup> 1/4, Sec 24 T5N 6N R13W</u>
Telephone No. <u>(601) 606-6072</u>	<u>± 3</u> Miles <u>SE</u> of <u>Moselle</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-13-17</u> Date drilling completed: <u>9-20-17</u> Hole depth: <u>132'</u> Hole diameter: <u>6 3/4"</u>
Location of the source of any surface water used for drilling: <u>Water Well</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>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="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
Seismic Survey 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="checkbox"/> <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Chicken House</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>31</u> feet (above or below land surface) (circle one) Date measured: <u>9-20-17</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>131'</u> Well grouted to a depth of: <u>50</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <input checked="" type="checkbox"/> Mix
Casing length: <u>111</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>sawed PVC</u>
Screen slot size: <u>.006</u> inches Setting depth: From <u>111</u> feet to <u>131</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> <input checked="" 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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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: A-1 Drilling Serv. Inc.  
 Date completed: 9-20-17  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: N124  
 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 #2	Well Location
Owner Name: <u>Tommy Landrum</u>	Latitude: <u>31° 28' 9" N</u> Longitude: <u>89° 15' 8" W</u>
Mailing Address: <u>160 Chester Moselle Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Moselle</u> - <u>Ms.</u> <u>39459</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>S6W</u> <sup>NW</sup> <u>1/4</u> <u>NE</u> <sup>SE</sup> <u>1/4</u> , Sec <u>24</u> T <u>5N</u> <sup>6N</sup> R <u>13W</u>
Telephone No. <u>(601) 606-6072</u>	<u>± 3</u> Miles <u>SE</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: 9-20-17 Rated Pump Capacity: 65 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 Setting Depth: 100 feet Number of Stages: 16

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 31 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ 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.  
Mike Baughman 587 9-20-17 Mike Baughman  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer