

# 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  
(601)961- 5210  
(601)961- 5228 (fax)

### For Office Use Only:

Aquifer: 059  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jones  
Permit #: \_\_\_\_\_  
Driller: David Cain  
Date drilling completed: 3-10-2017

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Matthew Anglin</u>	Latitude: <u>31° 29' 36"</u> Longitude: <u>89° 09' 11"</u>
Mailing Address: <u>6 Anglin Farm Dr</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Ovett</u> <u>Ms</u> <u>39964</u>	<u>N</u> <u>1/4</u> <u>E</u> <u>1/4</u> Sec <u>24</u> Twn <u>6/N</u> Rng <u>12/W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 719-6052</u>	<u>4</u> Miles <u>East</u> of <u>Ovett MS</u> <u>39964</u>

### Well / Borehole Data

Date drilling started: 3-6 Date drilling completed: 3-10 Hole depth: 260' Hole diameter: 4"

Location of the source of any surface water used for drilling: Comm. water well  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

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 one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: Chicken Farm

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 3-10

Method of Measurement (circle one) steel tape electric tape air line other: String

Well depth: 260' Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 220 feet to 260 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 200 feet. *If telescoped or more than one screen, describe on next page*

Southern Ms Water well Drilling RECEIVED 0-3831  
Form: OLWR-SWR-1A (04/08) Randall Cain 3-13-2017  
MAR 16 2017  
BY OLWR

# 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: David Cain  
 Date completed: 3-10-2017  
 Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 059  
 Elevation: \_\_\_\_\_

*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>Matthew Anglin</u>	Latitude: <u>31°28'36"</u> Longitude: <u>89°09'11"</u>
Mailing Address: <u>6 Anglin Farm Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Overt</u> <u>Ms</u> <u>39464</u>	USGS quad _____, Hand-held GPSX _____, Survey-grade GPS _____
City State Zip Code	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>24</u> T <u>6/N</u> R <u>12/W</u>
Telephone No. <u>(601) 319-6052</u>	Distance <u>4</u> Miles <u>East</u> of <u>Overt MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>3-10</u>	Setting Depth: <u>170</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>20</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-10</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>45</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Southern MS Water Well Drilling      David Cain      3-13-2017  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

0-3831

MAR 16 2017

Form: OLWR-SWR-1B (04/08)

OLWR

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