

1171

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

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 8-13-16

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<br>(Landowner if borehole is not for a water well) |       |          | Well or Borehole Location   |  |  |
|---|-------|----------|---|--|--|
| Owner Name: <u>Sean McDermald</u>   |       |          | Latitude: <u>31° 29' 51.3"</u> Longitude: <u>89° 06' 00.7"</u>  |  |  |
| Mailing Address: <u>63 Sandy Creek rd</u><br><u>Ovett MS 39464</u>        |       |          | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |  |  |
| City  | State | Zip Code | NW 1/4 SE 1/4, Sec 9 T 6N R 11W   |  |  |
| Telephone No. (____) _____  |       |          | 4 Miles W of Ovett  |  |  |
|   |       |          | (Distance) (Direction) (Nearest Town)   |  |  |

**Well / Borehole Data**

Date drilling started: 8-11-16 Date drilling completed: 8-13-16 Hole depth: 380 Hole diameter: 7

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

Method of dosing and volume of Chlorine used in drilling and development: added 6 gallons of 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

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

Static Water Level: 165 feet [above or below land surface] Date measured: 8-13-16  
(circle one)

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

Well depth: 370 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 330 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .608 inches Setting depth: From 330 feet to 370 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

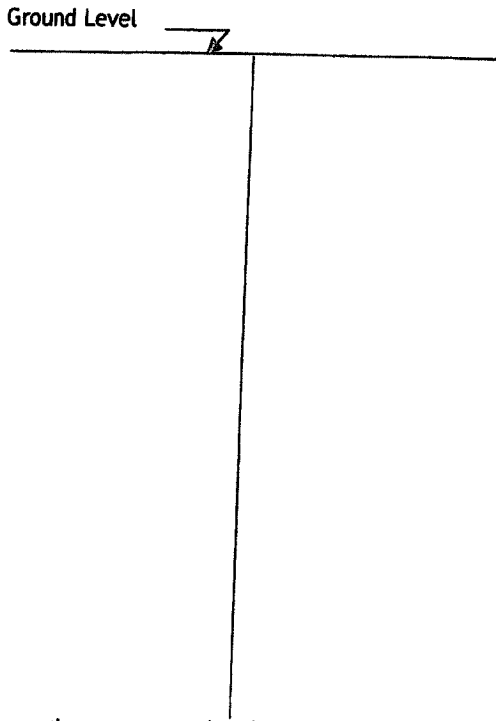
If telescoped or more than one screen, describe on next page

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

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

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) |
|---------------------------------------|--------------|------------|
| red sand & clay                       | Ground level | 30         |
| white clay & sand                     | 30           | 60         |
| coarse sand                           | 60           | 80         |
| sand & clay                           | 80           | 120        |
| blue clay                             | 120          | 180        |
| fine sand                             | 180          | 240        |
| clay & sand                           | 240          | 330        |
| sand                                  | 330          | 370        |
| clay & sand                           | 370          | 380        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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: \_\_\_\_\_

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.

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 #: PLCP

Aquifer: \_\_\_\_\_

County: Jones

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

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>Sean McDonald</u>                                   | Latitude: <u>31° 29' 57.3"</u> Longitude: <u>89° 06' 00.7"</u>  |
| Mailing Address: <u>63 Sandy Creek rd</u><br><u>Overt MS 39464</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hard-held GPS _____, Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____                              | _____ 1/4 _____ 1/4, Sec <u>9 T 6 N R 11 W</u>  |
| Telephone No. (____) _____   | <u>4</u> Miles <u>W</u> of <u>Overt</u><br>(Distance) (Direction) (Nearest Town)  |

**Pump Type (circle one)**

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

Date Pump Installed: 8-13-16 Rated Pump Capacity: 35 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: 240 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-13-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 165 Feet Below Land Surface Pumping Water Level (B): 180 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 40 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 8-22-16 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer