

# 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)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: P12  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: LATAQUETTE  
Permit #: GW17425  
Driller: PAKES & PAKES  
Date drilling completed: 1/22/20

*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>MT CONTACT WATER ASSN.</u>	Latitude: <u>34.2126750</u> Longitude: <u>89.4093367</u>
Mailing Address: <u>209 CENTER ST</u> <u>BRUCE, MS 38915</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> ¼ <u>NE</u> ¼, Sec. <u>16</u> T. <u>10S</u> R. <u>02W</u>
Telephone No. <u>(662) 983-7420</u>	<u>15</u> Miles <u>SE</u> of <u>OXFORD, MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9/24/19</u> Date drilling completed: <u>1/22/20</u> Hole depth: <u>1984</u> Hole diameter: <u>12"x8"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>5 PPM</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>STATE</u>
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>310</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>12/10/19</u> (check one)
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>1984</u> Well grouted to a depth of: <u>1915</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>1915</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>Steel</u>
Screen length: <u>60'</u> feet Screen diameter: <u>8"</u> inches Type of screen: <u>STAINLESS STEEL</u>
Screen slot size: <u>.030</u> inches Setting depth: From <u>1924</u> feet to <u>1984</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>1864</u> 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

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

Well #: P12

Elevation: \_\_\_\_\_

County: Lafayette  
 Permit #: \_\_\_\_\_  
 Driller: Parks & Parks  
 Date completed: 1/22/20  
*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>MI COMFORT WATER ASSO.</u>	Latitude: <u>34.2126750</u> Longitude: <u>89.4093367</u>
Mailing Address: <u>209 CENTER ST</u> <u>BRUCE, MS 38915</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. ( <u>662</u> ) <u>983-7420</u>	Distance _____ Direction _____ Nearest Town _____ <u>15</u> Miles <u>SE</u> of <u>OXFORD, 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>75</u>
Date Pump Installed: <u>3/17/2020</u>	Setting Depth: <u>357</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/23/2020</u>	<u>Air Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>310</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>317</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of _____
Test Pumping Rate: <u>500</u> Gallons Per Minute	<u>7</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Rayburn Parks 0414 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

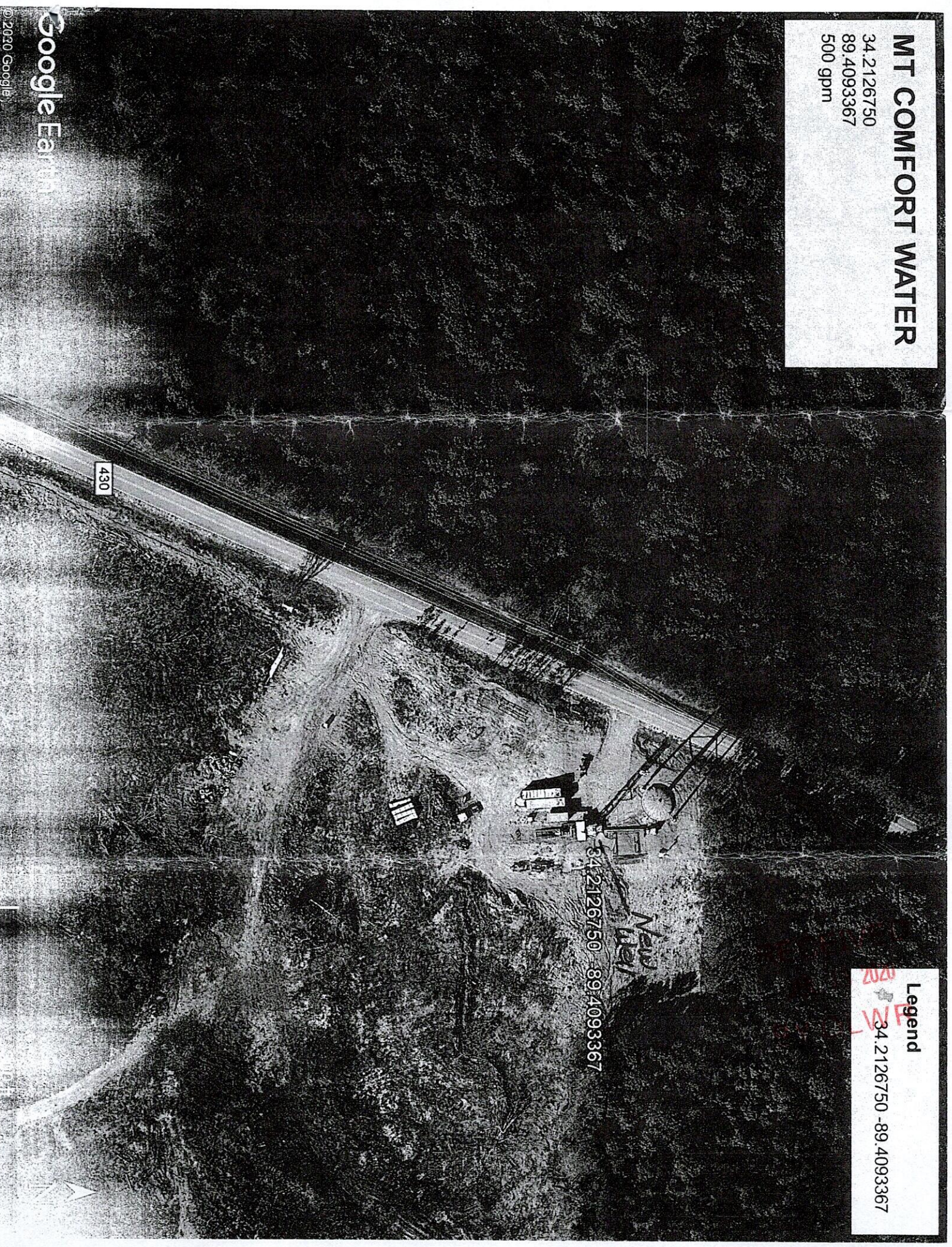


# MT COMFORT WATER

34.2126750  
89.4093367  
500 gpm

## Legend

34.2126750 -89.4093367



430

34.2126750 -89.4093367

New Well