

# 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 #: D 205  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lamar  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 9-1-16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Naomi Warden</u>	Latitude: <u>31°16.47</u> Longitude: <u>89°31.43</u>
Mailing Address: _____	<u>31-16-47</u> <u>89-31-43</u>
<u>1007 Old Hwy 24</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sumrall</u> <u>MS</u> <u>39482</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼, Sec. <u>33</u> T. <u>15N</u> R. <u>5W</u> 15 W
Telephone No. <u>(601) 543-7387</u>	<u>9</u> Miles <u>W</u> of <u>Oak Grove</u>
	(Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 9-1-16 Date drilling completed: 9-1-16 Hole depth: 180 Hole diameter: 7 1/2"  
Location of the source of any surface water used for drilling: running creek  
Method of dosing and volume of Chlorine used in drilling and development: granule chlorine  
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): \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 90 feet [above or (below) land surface Date measured: 9-1-16  
(circle one)  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
Well depth: 180 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .008 inches Setting depth: From 160 feet to 180 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

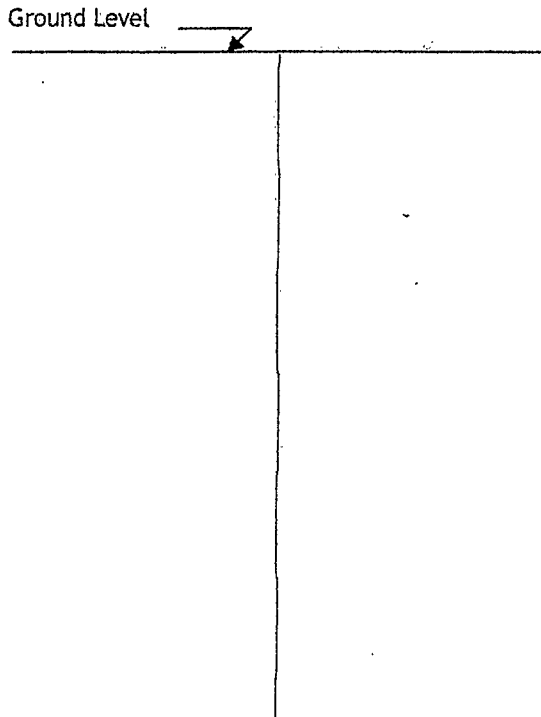
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BY OLWR

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

For Office Use Only:  
 Well #: D205

*The sketch below only required for water wells*

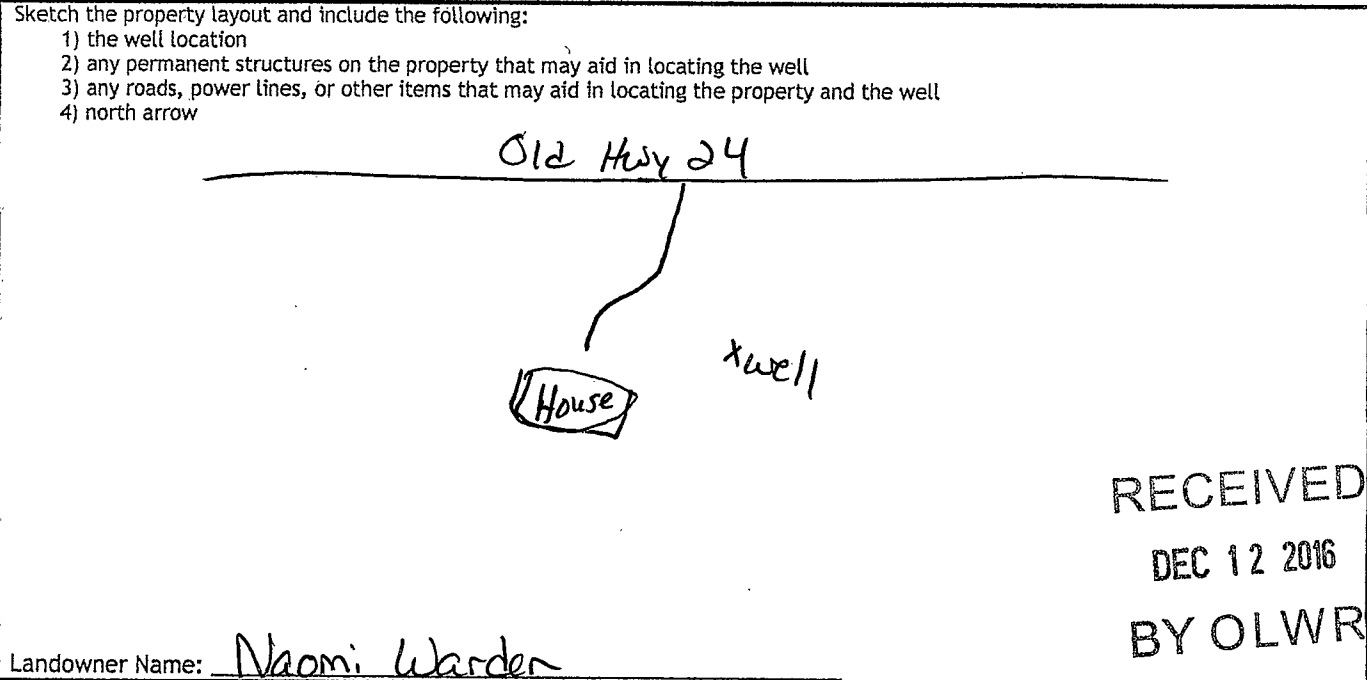
*If well telescopes, show depths on sketch.*



*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)
topsoil	Ground level	1
clay	1	145
sand	145	180

If more than one screen, show location of each on sketch



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Landowner Name: Naomi Warden

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.

James M. Wells 00005889 12-8-16 James M. Wells  
 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)

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: D205  
 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	31-16-47 Well Location 89-31-43
Owner Name: <u>Naomi Warden</u>	Latitude: <u>31°16.47</u> Longitude: <u>89°31.43</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>1007 Old Hwy 24</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Sumrall</u> <u>MS</u> <u>39482</u>	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>33</u> <sup>29</sup> T <u>15</u> W R <u>4N</u>
City State Zip Code	<u>9</u> Miles <u>W</u> of <u>Oak Grove</u>
Telephone No. <u>(601) 543-7387</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9-1-16 Rated Pump Capacity: 12 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: 1 Setting Depth: 150 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9-1-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): 150 Feet Below Land Surface

Drawdown [(B) - (A)]: 104 Feet Below Land Surface Test Pumping Rate: 17 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

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**DEC 12 2016**

*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.

James M. Wells 00005889 12-8-16 James M. Wells  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer