

# 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 #: D43  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: LAWRENCE  
Permit #: MS-GW-16684  
Driller: LAYNE CHRISTENSEN  
Date drilling completed: 9/5/2009

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>GEO SPECIALTY CHEMICAL</u>	Latitude: <u>31 37.69 N</u> Longitude: <u>090 04.28 W</u>
Mailing Address: <u>PO BOX 2012</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>MONTICELLO</u> MS <u>39654</u>	<u>SW 1/4 SW 1/4</u> , Sec <u>25</u> T <u>8N</u> R <u>21W</u>
City State Zip Code	_____ Miles <u>NE</u> of <u>MONTICELLO</u>
Telephone No. ( <u>601</u> ) <u>587-7481</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 9/2/2009 Date drilling completed: 9/5/2009 Hole depth: 257' Hole diameter: 10"  
Location of the source of any surface water used for drilling: \_\_\_\_\_ N/A  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_ N/A  
Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_ N/A  
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: 8 feet [above or  below] land surface Date measured: 9/5/2009  
(circle one)  
Method of measurement (circle one): Steel tape  Electric tape   Air line Other (describe): \_\_\_\_\_  
Well depth: 262' Well grouted to a depth of: 210 feet Type of grout (circle one):  Neat Cement  Bentonite Mix  
Casing length: 210 feet Casing diameter: 10 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL  
Screen slot size: .020 inches Setting depth: From 210 feet to 250 feet  
Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development  
Other (describe): \_\_\_\_\_  
Top of lap pipe or reduction in casing: 0 feet

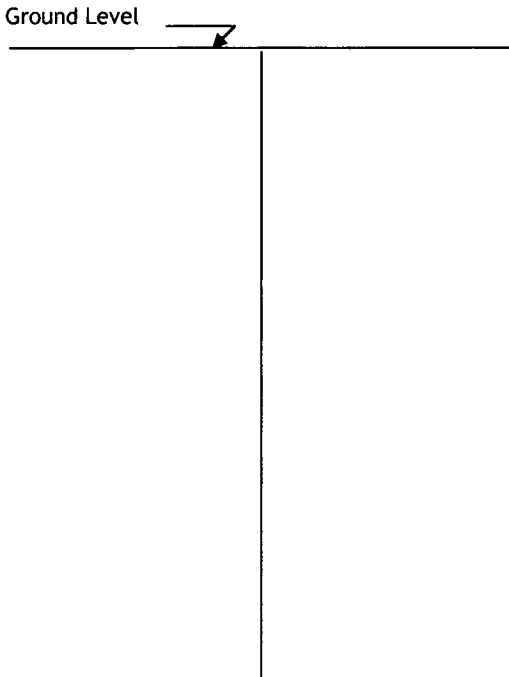
*If telescoped or more than one screen, describe on next page*

County: LAWRENCE  
 Permit #: MS-620-16684

**For Office Use Only:**  
 Well #: D43

The sketch below only required for water wells

If well telescopes, show depths on sketch.



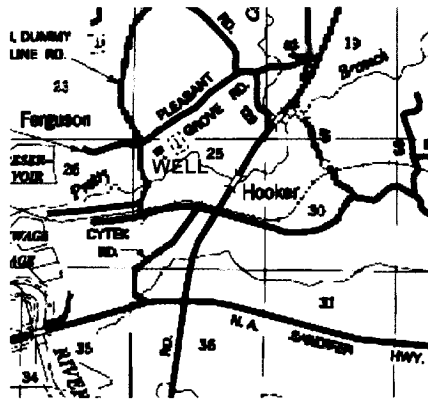
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
DRY LOOSE YELLOW SAND	0	7
C-SAND & LARGE GRAVEL (DRY)	7	18
BLUE CLAY	18	29
M - C - SAND	29	56
BLUE CLAY	56	125
WHITISH CLAY STREAKS OF SAND	125	148
BLUE CLAY HARD	148	182
YELLOW CLAY	182	192
F - M - YELLOW SAND	192	257
CLAY	257	262

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



NOT TO SCALE

Landowner-Name: GEO SPECIALTY CHEMICALS

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.

DAVE COOK 0-692 10/3/2014  
 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: LAWRENCE  
 Permit #: MS-6W-16684  
 Driller: LAYNE CHRISTENSEN  
 Date completed: 9/15/2009  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: D43  
 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	Well Location
Owner Name: <u>GEO SPECIALITY CHEMICALS</u>	Latitude: <u>31 37.69 N</u> Longitude: <u>090 04.26 W</u>
Mailing Address: <u>PO BOX 2012</u>	Method of Lat/Long (check one): Conventional Survey _____, <u>31-37-41</u> <u>90 or 134</u>
<u>MONTICELLO</u> MS <u>39654</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City <u>MONTICELLO</u> State <u>MS</u> Zip Code <u>39654</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>25</u> T <u>8N</u> R <u>21W</u>
Telephone No. ( <u>601</u> ) <u>587-7481</u>	_____ Miles <u>NE</u> of <u>MONTICELLO</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9/15/2009 Rated Pump Capacity: 300 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: 20 Setting Depth: 109 feet Number of Stages: 3

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9/28/2009 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 7 Feet Below Land Surface Pumping Water Level (B): 63 Feet Below Land Surface

Drawdown [(B) - (A)]: 56 Feet Below Land Surface Test Pumping Rate: 331 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.

DAVE COOK 0-692 10/3/2014 Dave Cook  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
 OCT 15 2014  
 BY OLWR