

# 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)

County: Lawrence  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 9-20-17

**For Office Use Only:**  
Well #: K-27  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

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>Jonah King</u>	Latitude: <u>31° 31.57' N</u> Longitude: <u>90° 04.31' W</u>
Mailing Address: <u>224 Buck Wilson Ln.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Monticello</u> <u>MS</u> <u>39654</u>	<u>1R</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec. <u>23</u> T <u>6N</u> R <u>11E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Well / Borehole Data**  
Date drilling started: 9-20-17 Date drilling completed: 9-20-17 Hole depth: 35 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: 5 feet [above or  below] land surface Date measured: 9-20-17  
(circle one)  
Method of measurement (circle one)  Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_  
Well depth: 35 Well grouted to a depth of: 10 feet Type of grout (circle one)  Neat Cement  Bentonite Mix  
Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .008 inches Setting depth: From 20 feet to 35 feet  
Type of completion (circle all applicable)  Gravel packed  Underreamed  Open hole  Natural Development  
Other (describe): \_\_\_\_\_

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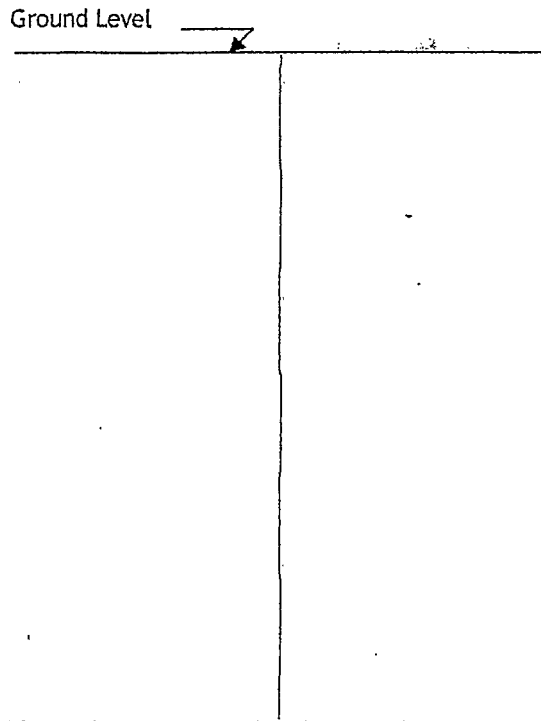
If telescoped or more than one screen, describe on next page

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

**For Office Use Only:**  
Well #: K27

The sketch below only required for water wells

If well telescopes, show depths on sketch.

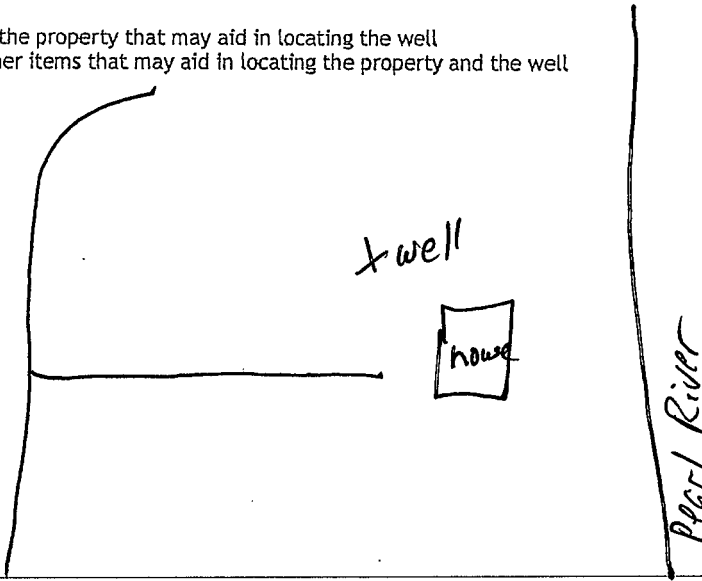


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	1
<del>gravel</del> clay	1	18
sand	18	35

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



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Landowner Name: Jonah King

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  
Print Name of Responsible Licensee and License No.

James M. Wells  
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 #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 9.20.17  
Copy information from block on Part 1

**For Office Use Only:**

Well #: K27  
 \_\_\_\_\_  
 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>Sarah King</u>	Latitude: <u>31°31.57N</u> Longitude: <u>90°04.31W</u>
Mailing Address: _____ <u>224 Buck Wilson Ln.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Montzello</u> <u>MS</u> <u>39654</u>	_____ ¼ _____ ¼, Sec _____ T _____ R _____
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Pump Type (circle one)**

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

Date Pump Installed: 9.20.17 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: 20 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9.20.17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 5 Feet Below Land Surface Pumping Water Level (B): 20 Feet Below Land Surface

Drawdown [(B) - (A)]: 12 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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*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 \_\_\_\_\_ James M. Wells  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer