

# 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  
(601)961- 5210  
(601)961- 5228 (fax)

County: Lawrence  
Permit #: \_\_\_\_\_  
Driller: Walker-Hill Environmental  
Date drilling completed: 7/3/12

**For Office Use Only:**  
Aquifer: L70  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
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.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jones Farms</u>	Latitude: <u>31° 26' 24"</u> Longitude: <u>89° 58' 39"</u>
Mailing Address: <u>Stephen Jones</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>188 Conerly Rd.</u>	<u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Oak Vale</u> MS <u>39656</u>	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>35</u> Twn <u>5N</u> Rng <u>12E</u>
City State Zip Code	<u>SE</u> <u>6N</u> <u>20W</u>
Telephone No. ( <u>601</u> ) <u>736-1826</u>	Distance <u>0.8</u> Miles Direction <u>W</u> of Nearest Town <u>Oak Vale</u>

**Well / Borehole Data**

Date drilling started: 7/3/12 Date drilling completed: 7/3/12 Hole depth: 170' Hole diameter: 8"

Location of the source of any surface water used for drilling: Foxworth Water Association

Method of dosing and volume of Chlorine used in drilling and development: 2 cups HTH per 2,000 gallons of water

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): No log run

Purpose of borehole (check 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 (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture  Other: chicken house

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 7/5/12

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 170' Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 150 feet to 170 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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***

Form: OLWR-SWR-1A (04/08)

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: Walker-Hill Environmental, Inc.  
 Date completed: 7/14/12  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L70  
 Elevation: \_\_\_\_\_

*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>Jones Farms</u>	Latitude: <u>31°26'24" N</u> Longitude: <u>89°58'39" W</u>
Mailing Address: <u>Stephen Jones</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>188 Conerly Rd.</u>	USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
<u>Oak Vale MS 39656</u>	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>35</u> T <u>5N</u> R <u>12E</u>
City State Zip Code	Distance <u>SE</u> Direction Nearest Town <u>6N 20W</u>
Telephone No. ( <u>601</u> ) <u>736-1826</u>	<u>0.8</u> Miles <u>W</u> of <u>Oak Vale</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>3</u>
Date Pump Installed: <u>7/14/12</u>	Setting Depth: <u>83</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/14/12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>16</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>33</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>17</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Gary P. Hill 0-578  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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