

# 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 #: L78  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

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

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Tucker Farms</u>	Latitude: <u>31°28.31</u> Longitude: <u>89°59.37</u> <u>31-28-31</u> <u>89-59-37</u>
Mailing Address: _____ <u>133 G.W. Smith Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Silver Creek</u> <u>MS</u> <u>39663</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>NE</u> ¼, Sec <u>22</u> T <u>6N</u> R <u>20W</u>
Telephone No. (____) _____	<u>5</u> Miles <u>SW</u> of <u>Oakvale</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-16-16</u> Date drilling completed: <u>9-16-16</u> Hole depth: <u>115</u> Hole diameter: <u>7 1/2'</u>
Location of the source of any surface water used for drilling: <u>Running Creek</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input 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>55</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>9-16-16</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____
Well depth: <u>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>95</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u>
Screen slot size: <u>.008</u> inches Setting depth: From <u>95</u> feet to <u>115</u> feet
Type of completion (circle 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: _____ feet

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

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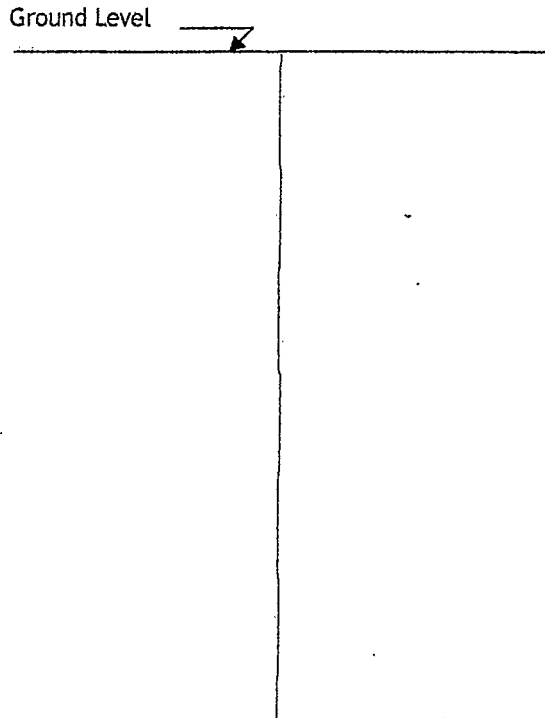
DEC 12 2016

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

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Well #: L78

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	85
sand	85	115

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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**BY OLWR**

Landowner Name: Tucker Farms

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)

#### For Office Use Only:

Well #: L78

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

County: Lawrence  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date completed: 9-16-16  
*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		31-28-31 Well Location 89-59-37	
Owner Name: <u>Tucker Farms</u>	Latitude: <u>31°28.31</u>	Longitude: <u>89°59.37</u>	
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____		
<u>133 G.W. Smith Rd.</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Silver Creek MS 39663</u>	<u>NE 1/4 NE 1/4, Sec 22 T. 6N R. 20W</u>		
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>N</u> of <u>Cataula</u>		
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**

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

Date Pump Installed: 9-16-16 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: 100 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 62 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 12-16 James M. Wells

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer