

# STATE WELL REPORT

## Part I

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: D211  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Hellcore  
Permit #: MS GW 50171  
Driller: Chad McPax  
Date drilling completed: 11/14/17

*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<br><small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location  |
|--|--|
| Owner Name: <u>Buechorn Ppty. Co.</u>  | Latitude: <u>33-39-4</u> Longitude: <u>90-20-24</u>  |
| Mailing Address: _____   | Method of Lat/Long (check one): Conventional Survey _____  |
| <u>7657 CR 518</u>   | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____                                |
| <u>Greenwood</u> MS <u>38930</u>   | <u>ATW</u> <sup>SE</sup> / <sub>4</sub> <u>SE</u> <sup>SW</sup> / <sub>4</sub> , Sec <u>30</u> T <u>21N</u> R <u>01W</u> |
| City _____ State _____ Zip Code _____  | <u>2</u> Miles <u>NE</u> of <u>Schlater</u>  |
| Telephone No. <u>(662) 458-5456</u>  | (Distance) (Direction) (Nearest Town)  |

| Well / Borehole Data  |
|---|
| Date drilling started: <u>11/14/17</u> Date drilling completed: <u>11/14/17</u> Hole depth: <u>115</u> Hole diameter: <u>26</u>   |
| Location of the source of any surface water used for drilling: _____  |
| Method of dosing and volume of Chlorine used in drilling and development: _____   |
| Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ |
| Name of organization running log(s): _____  |
| Purpose of borehole (check one): 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) _____             |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i>  |
| Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" 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>26</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>11/13/17</u><br><small>(check one)</small>  |
| Method of measurement (check 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 (check one) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix   |
| Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>  |
| Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>  |
| Screen slot size: <u>.032</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet  |
| Type of completion (check 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  |
| <i>If telescoped or more than one screen, describe on next page</i>   |

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03-1-20  
BY OLWT

County: Leflore

Permit #: MSBW 50171

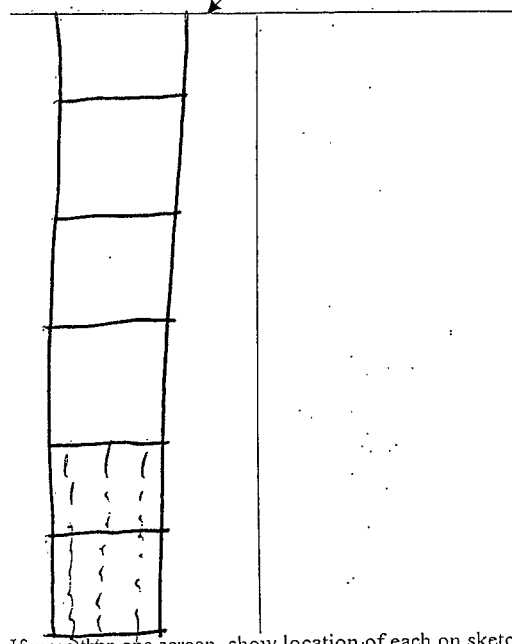
For Office Use Only:

Well #: D211

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



If more than one screen, show location of each 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 (eg:') |
|---------------------------------------|--------------|-----------|
| Dirt                                  | Ground level | 15        |
| Fine Sand                             | 16           | 25        |
|                                       | 26           | 35        |
|                                       | 36           | 45        |
|                                       | 46           | 55        |
| Coarse Sand                           | 56           | 65        |
|                                       | 66           | 75        |
| Coarse sand / Gravel                  | 76           | 85        |
|                                       | 86           | 95        |
|                                       | 96           | 105       |
| Gravel / Clay                         | 106          | 115       |
|                                       |              |           |
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- 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

Landowner Name: \_\_\_\_\_

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.

Chad Motter UMR-8243

12/8/17

Signature of Licensee

Form OIWR-SWR

# 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 #: D211  
 Aquifer: \_\_\_\_\_

County: Waltham  
 Permit #: MS GW 50171  
 Driller: Chad Mattox  
 Date completed: 11/14/17  
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                  | Well Location   |
|---|---|
| Owner Name: <u>Buchhorn Ppty. Co.</u>   | Latitude: <u>33-39-4</u> Longitude: <u>90-20-24</u>   |
| Mailing Address: _____                  | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>71657 CR 518</u>                     | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Greenwood</u> <u>MS</u> <u>38930</u> | <u>SE</u> ¼ <u>SW</u> ¼, Sec <u>30</u> T <u>21N</u> R <u>1W</u>                             |
| City State Zip Code                     | <u>2</u> Miles <u>NE</u> of <u>Schlater</u>   |
| Telephone No. (____) _____              | (Distance) (Direction) (Nearest Town)   |

**Pump Type (check one)**

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

Date Pump Installed: 11/15/17 Rated Pump Capacity: 2500 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel   Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Method of measurement (check 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 (check 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.

Chad Mattox UNK-8243 12/8/17 Chad Mattox

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