

# 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)961-5555  
(601)961-5228 (fax)

#### For Office Use Only:

Well #: 2834180  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Waltham  
Permit #: MS CW-50481  
Driller: Chad Mattox  
Date drilling completed: 6/2/18

*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>Joe R. Reass</u>	Latitude: <u>33 35 52</u> Longitude: <u>90 07 09</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>1200 Meadowbrook Rd. Apt 37</u>	USGS quad _____, Hand-held GPS <u>N</u> , Survey-grade GPS _____
<u>Jackson</u> MS <u>39206</u>	<u>SE</u> 1/4 <u>AE</u> 1/4, Sec. <u>18</u> T <u>20N</u> R <u>02E</u>
City State Zip Code	<u>7</u> Miles <u>N</u> of <u>Greenwood</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6/2/18</u> Date drilling completed: <u>6/2/18</u> Hole depth: <u>110</u> Hole diameter: <u>24</u>
Location of the source of any surface water used for drilling: <u>Ditch</u>
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 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>12</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>6/8/18</u> <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>110</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>70</u> feet Casing diameter: <u>14</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>70</u> feet to <u>110</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>



# 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 #: 083H180

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

County: LeFlore  
 Permit #: MS-LW-50471  
 Driller: Chad McPherson  
 Date completed: 6/8/18  
 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>Joe R. Ross</u>	Latitude: <u>33 35 52</u> Longitude: <u>90 07 09</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>1200 Meadowsbrook Rd</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Jackson</u> MS <u>39204</u>	<u>SE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec. <u>18</u> T <u>20N</u> R <u>02E</u>
City State Zip Code	<u>7</u> Miles <u>N</u> of <u>Greenwood</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: 6/8/18 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 H McPherson UMR-8243 6/11/18 Chad H McPherson  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



## Replacement well requirements

*11 Miss. Admin. Code Part 7, Chapter 1, Rule 1.4.F.1.*

F. Replacement Wells - A replacement well may be drilled to replace a properly authorized well that has become unusable.

(1) Qualifications - To qualify as a replacement well for any use other than irrigation, aquaculture, or wildlife enhancement the new well must meet all of the requirements set forth in paragraphs a. through d. below. Any proposed well not meeting these requirements will be treated as a new well, and the required application will be processed accordingly. Replacement wells for irrigation, aquaculture, or wildlife enhancement need only meet the requirements set forth in 24 paragraphs (a) through (c) below provided the water will be applied to the same field or pond served by the original well.

- (a) Will replace a well that will be properly plugged and abandoned within 180 days of completion of the replacement well, unless used by MDEQ for data collection in accordance with paragraph 3 below; and
- (b) Will withdraw water from the same water-bearing formation as the old well; and (c) Will supply water for the same beneficial use as the old well