

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: C-148  
L. S. Elevation: DA2  
E-log #: \_\_\_\_\_

County: LOWNDES  
Permit #: BY OWNER  
Driller: JOE JOHNSON  
Date drilling completed: \_\_\_\_\_

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>JAMES TAYLOR</u>	Mailing Address: <u>777 BLALOCK RD</u> <u>STEENS MS 39766</u> <u>STEENS MS 39766</u> City State Zip Code	Latitude: <u>33.33.682N</u> Longitude: <u>088.24.298W</u> Method of Lat/Long (circle one): <u>33-32 41 88-19 18</u> Conventional Survey	USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 27 Twn 17S Rng 18E</u> Distance <u>33</u> Miles Direction _____ of Nearest Town <u>17W</u>
Telephone No. <u>662 327-7386</u>			<u>STEENS MS 39766</u>
Well / Borehole Data			
Date drilling started: <u>7-7-07</u>	Date drilling completed: <u>7-7-07</u>	Hole depth: <u>26 FT</u>	Hole diameter: <u>2 1/2 INCHES</u>
Location of the source of any surface water used for drilling: <u>LOWNDES COUNTY WATER</u>			
Method of dosing and volume of Chlorine used in drilling and development: <u>HOLE CLOSES UP ON ITS OWN</u>			
Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): <u>N/A</u>			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____			
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 one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>COV RECEIVED</u>			
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>			
Static Water Level: <u>12 FT</u> feet above or below (circle one) land surface Date measured: <u>7-7-07</u> <u>OCT 03 2007</u>			
Method of Measurement (circle one) <u>(steel tape)</u> electric tape air line other: _____ <u>BY: OLWR</u>			
Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix <u>N/A</u>			
Casing length: <u>22</u> feet Casing diameter: <u>1 1/4</u> inches Type of casing: <u>COV. PIPE</u>			
Screen length: <u>4</u> feet Screen diameter: <u>1 1/4</u> inches Type of screen: <u>METAL</u>			
Screen slot size: <u>060 GRIT</u> inches Setting depth: From <u>24</u> feet to <u>28</u> feet			
Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): <u>HOLE WILL CLOSE ON OWN</u>			
Top of lap pipe or reduction in casing: <u>N/A</u> 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: LOWNDES  
 Permit #: OWNED  
 Driller: 7-7-07  
 Date completed: 7-7-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: DA2  
 Well #: 6-148  
 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>JAMES TAYLOR</u>	Latitude: <u>33 33.682N</u> Longitude: <u>088.24.298W</u>
Mailing Address: <u>777 BLALOCK RD</u>	<u>33-32-41</u> <u>88-19-18</u>
<u>STEENS MS 39766</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>STEENS MS 39766</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 33 T 17S R 17W</u>
Telephone No. <u>(662) 321-7386</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>N</u> of <u>STEENS MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>1/2 HP GOULD</u>	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>7-7-07</u>	Setting Depth: <u>12 FT</u> feet
Rated Pump Capacity: <u>4</u> Gallons Per Minute	Number of Stages: <u>1 STAGE</u>

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 OCT 03 2007  
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-7-07</u>	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>14</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>12</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <del>5</del> <u>4</u> GPM with a drawdown of
Test Pumping Rate: <u>4</u> Gallons Per Minute	<u>3</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

JOE JOHNSON 0719P Joe Johnson  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer