

# 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: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Clardy Dulling  
Date drilling completed: 7/15/11

For Office Use Only:  
Aquifer: F102  
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>Danny Thornton</u>	Latitude: <u>N 33° 28' 00" 36 W 09</u>
Mailing Address: <u>2745 S. Frontage Rd.</u>	Longitude: <u>088° 32' 15.8"</u>
<u>Columbus, MS 39701</u>	Method of Lat/Long (circle one): Conventional Survey,
City State Zip Code	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>662 574-0977</u>	<u>N 1/4 Sec 32 Twn 19 N Rng 17 E</u>
	Distance Direction Nearest Town
	Miles of

**Well / Borehole Data**

Date drilling started: 7/14/11 Date drilling completed: 7/15/11 Hole depth: 260 Hole diameter: 4

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: 2 1/2# granular

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

Name of organization running log(s): \_\_\_\_\_

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: \_\_\_\_\_

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

Static Water Level: 110 feet above of below (circle one) land surface Date measured: 7/15/11

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

Well depth: 260 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 187 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 0.13 inches Setting depth: From 200 feet to 240 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: 5 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWRTA (2/00)

AUG 15 2011  
BY: OLWR



# 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: Howards  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Drilling  
 Date completed: 7/20/11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F102  
 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>Donny Thornton</u>	Latitude: <u>33° 28.616</u> Longitude: <u>088° 32.158</u>
Mailing Address: <u>2745 S. Frontage Rd.</u> <u>Columbus, MS 39701</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 574-0977</u>	Distance _____ Direction <u>West</u> Nearest Town <u>Columbus</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>1</u>
Date Pump Installed: <u>7/20/11</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/20/11</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Donald Clardy UNR00000496 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

RECEIVED

AUG 15 2011

BY: OLWR