

# 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)

County: Spencer  
Permit #: \_\_\_\_\_  
Driller: Clardy Drill  
Date drilling completed: \_\_\_\_\_

**For Office Use Only:**

Well #: K61  
Aquifer: \_\_\_\_\_  
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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Roger Stevenson</u>	Latitude: <u>N 33° 21.31'</u> Longitude: <u>W 88° 31.20'</u>
Mailing Address: <u>937 Allison</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
<u>Hardy Rd.</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Columbus, MS 39701</u>	<u>SW 1/4 NE 1/4, Sec 4 T18N R17E</u>
City State Zip Code	<u>5 1/2</u> Miles <u>SW</u> of <u>Columbus, MS</u>
Telephone No. (Area) <u>662-242-0012</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7/20/18</u> Date drilling completed: <u>8/1/18</u> Hole depth: <u>290</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>2 1/2 # granular</u>
Logs run (check all applicable): <input 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): <input type="checkbox"/> 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 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>66</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>8/7/18</u>
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>290</u> Well grouted to a depth of: <u>20</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>202</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.013</u> inches Setting depth: From <u>240</u> feet to <u>280</u> feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> underreamed <input type="checkbox"/> open hole <input type="checkbox"/> Natural Development
Other (describe): <u>telescoped</u>
Top of lap pipe or reduction in casing: <u>5</u> feet

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

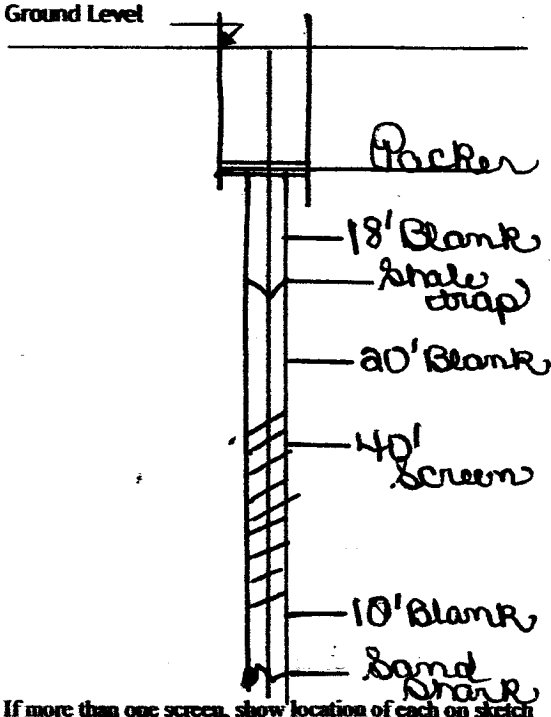
County: Bowling  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: K61

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

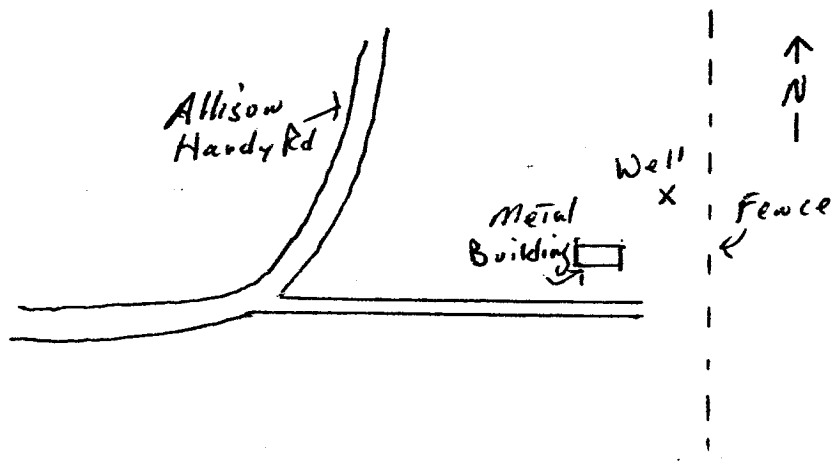


Description of Formations Encountered	From (depth)	To (depth)
Grey clay	Ground level	22
Blue clay	22	119
Rock	119	120
Clay	120	122
Sandy clay	122	157
Rock	157	158
Sandy clay	158	219
Silt clay	219	220
Sandy clay	220	222
Thin sand	222	235
Clay	235	238
Sand	238	250
Rocky sand streak	250	262
Clay	262	274
Rocky sand	274	282
Clay	282	290

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



Landowner Name: Roger Stevens

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.

Donald B. Clark  
 Print Name of Responsible Licensee and License No.

8/9/18  
 Date

Donald B. Clark  
 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Howards  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date completed: 8/7/18  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K61  
 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>Roger Storer</u> Mailing Address: <u>937 Allison Hardy Road</u> <u>Columbus, MS 39701</u> City State Zip Code Telephone No. <u>662 242-0012</u>	Latitude: <u>N 33° 27' 37"</u> Longitude: <u>W 88° 31' 20"</u> <u>33-27-22 88-31-12</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SW ¼ NE ¼ Sec A T18N R17E</u> Distance Direction Nearest Town <u>5 1/2 Miles SW of Columbus Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8/7/18</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 hp</u> Setting Depth: <u>140</u> feet Number of Stages: <u>12</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/7/18</u> Static Water Level (A): <u>66</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured slant in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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)

Donald Clardy  
 Signature of Pump Installer