

# 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: Leflore  
Permit #: \_\_\_\_\_  
Driller: Clardy  
Date drilling completed: 11/4/08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: L-61  
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>Larry Thomason</u>	Latitude: <u>N 33° 26' 46.3"</u> Longitude: <u>W 88° 26' 36"</u>
Mailing Address: <u>298 Pleasant Hill Rd.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Columbus, MS 39102</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 8 Twn 19 N Rng 18 W</u>
Telephone No. <u>(662) 327-5673</u>	Distance <u>2.74</u> Miles Direction <u>S.W.</u> of Nearest Town <u>Columbus</u>

**Well / Borehole Data**

Date drilling started: 11/3/08 Date drilling completed: 11/4/08 Hole depth: 182 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: 22 feet above or below (circle one) land surface Date measured: 11/4/08

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

Well depth: 182 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .013 inches Setting depth: From 142 feet to 182 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*

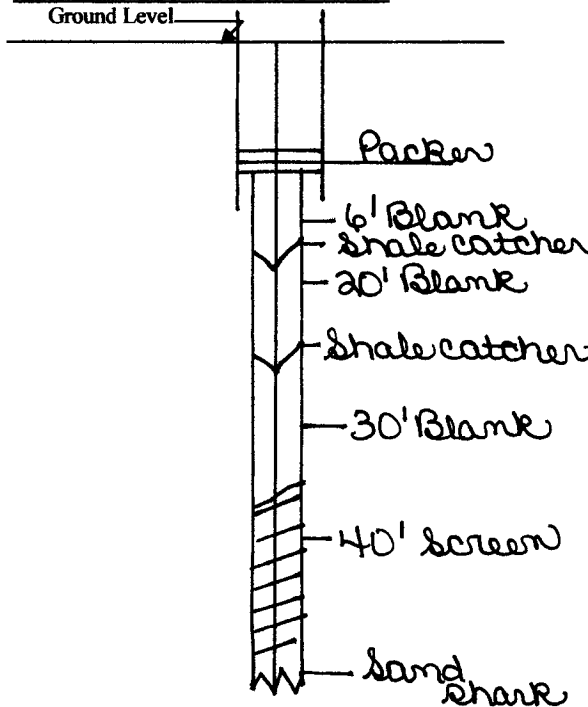
Form: OLWR-SWR-1A (04/08)

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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)
Red sandy clay	Ground Level	11
Sand + gravel	11	23
Sandy blue clay	23	78
Fair clay	78	115
Sand	115	120
Clay	120	130 1/2
Sand streak	130 1/2	131
Clay	131	133
Sand streak	133	134
Clay	134	139
Sand	139	140 1/2
Clay	140 1/2	157
Rock	157	159
Sandy clay streak	159	166
Sandy clay	166	169
Rocky sand	169	174
Sandy clay	174	182

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) a north arrow.

Landowner Name: Larry Thomason

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

I 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. Clardy 0-496     11/18/08

Donald B. Clardy

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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# 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: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date completed: 11/4/08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L-61  
 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>Larry Thomason</u>	Latitude: <u>N 33° 26.463'</u> Longitude: <u>W 088° 26.601'</u>
Mailing Address: <u>298 Pleasant Hill Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39702</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>(662) 327-5673</u>	Distance Direction Nearest Town <u>2 ¼ Miles SW of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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>3/4</u>
Date Pump Installed: <u>11/4/08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/4/08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>22</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: <u>15</u> 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 B. Clardy 0-496 Donald B. Clardy  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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