

# 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)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: M143  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Clardy Drilling  
Date drilling completed: 9/16/14

*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>Steve Garner</u>	Latitude: <u>N 33° 22.416</u> Longitude: <u>W 088° 21.004</u>
Mailing Address: <u>519 7th St. S</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus, MS 39701</u>	NW ¼ NE ¼, Sec 31 T19S R17W
City State Zip Code	<u>5</u> Miles <u>SE</u> of <u>Columbus</u>
Telephone No. <u>(662) 574-4342</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9/15/14</u> Date drilling completed: <u>9/16/14</u> Hole depth: <u>142</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# granular</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No 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 (circle one): <input checked="" 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 (circle all applicable): <input checked="" 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>1</u> feet <input checked="" type="checkbox"/> above <input type="checkbox"/> below land surface Date measured: <u>9/16/14</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>142</u> Well grouted to a depth of: <u>20</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite Mix
Casing length: <u>81</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>0.13</u> inches Setting depth: From <u>83</u> feet to <u>123</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): <u>Telescope</u>
Top of lap pipe or reduction in casing: <u>5</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

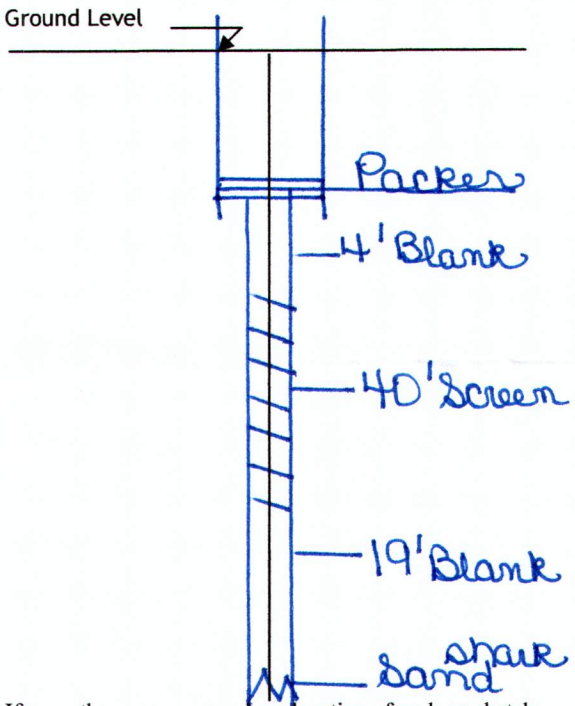
SEP 23 2014

County: Louisa  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: M43

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

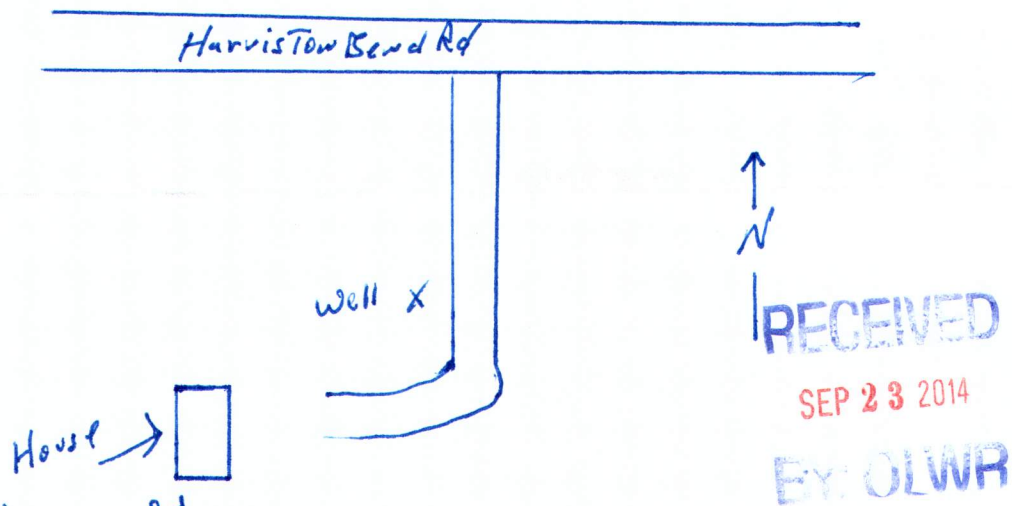
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Brown Clay	Ground level	7
Sand & gravel	7	28
Blue clay	28	48
Sandy clay	48	76
Clay	76	80
Sandy clay	80	91
Rocky sand	91	95
Clay	95	115
Sand	115	135
Sand streak	135	140
Clay	140	142

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: Steve Garner

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 Clardy <sup>496</sup> UNR00000 9/18/14 [Signature]  
 Print Name of Responsible Licensee and License No. Date 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: Rowles  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Dull  
 Date completed: 9/17/14  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M43  
 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>Steve Garner</u>	Latitude: <u>33°22.416</u> Longitude: <u>088°21.004</u>
Mailing Address: <u>519 7<sup>th</sup> St. S.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>31</u> T <u>19S</u> R <u>17W</u>
Telephone No. <u>662 574-4342</u>	Distance _____ Miles Direction <u>SE</u> of Nearest Town <u>Columbus</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<u>Submersible</u> <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>1/2</u>
Other (specify): _____	Setting Depth: <u>30</u> feet
Date Pump Installed: <u>9/17/14</u>	Number of Stages: <u>7</u>
Rated Pump Capacity: <u>15</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>9/17/14</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>1'</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	<u>Steel Tape</u> <input checked="" type="checkbox"/>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well  Replacement of Existing Pump  Repair of Existing Pump

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

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

Form: OLWR-SWR-1C (07-09)

RECEIVED  
 SEP 23 2014  
 BY: OLWR