

# 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)

County: Madison  
Permit #: \_\_\_\_\_  
Driller: Thomas Drilling  
Date drilling completed: 5-11-16

**For Office Use Only:**

Well #: 544  
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<br><small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Jimmy Fitts</u>   | Latitude: <u>32°44'55.65"</u> Longitude: <u>89°48'39.07"</u>                              |
| Mailing Address: <u>124 Parkfield</u>  | Method of Lat/Long (check one): Conventional Survey _____                                 |
| <u>Madison</u> <u>MS</u> <u>39110</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 58 T10N R5E</u>   |
| Telephone No. (____) _____   | <u>4</u> Miles <u>SE</u> of <u>Camden</u>   |
|  | (Distance) (Direction) (Nearest Town)   |

**Well / Borehole Data**

Date drilling started: 5-11-16 Date drilling completed: 5-11-16 Hole depth: 96 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: 1 lbs in tanks & wash

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

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

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 30 feet (above or ~~below~~ land surface) (circle one) Date measured: 5-11-16

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 96 Well grouted to a depth of: 10+ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 76 feet to 96 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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

Form: OLWR-SWR-1A (4/13)

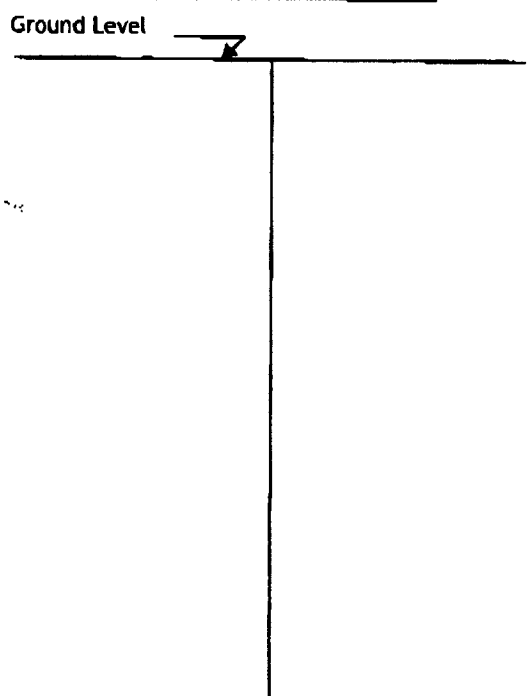
County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

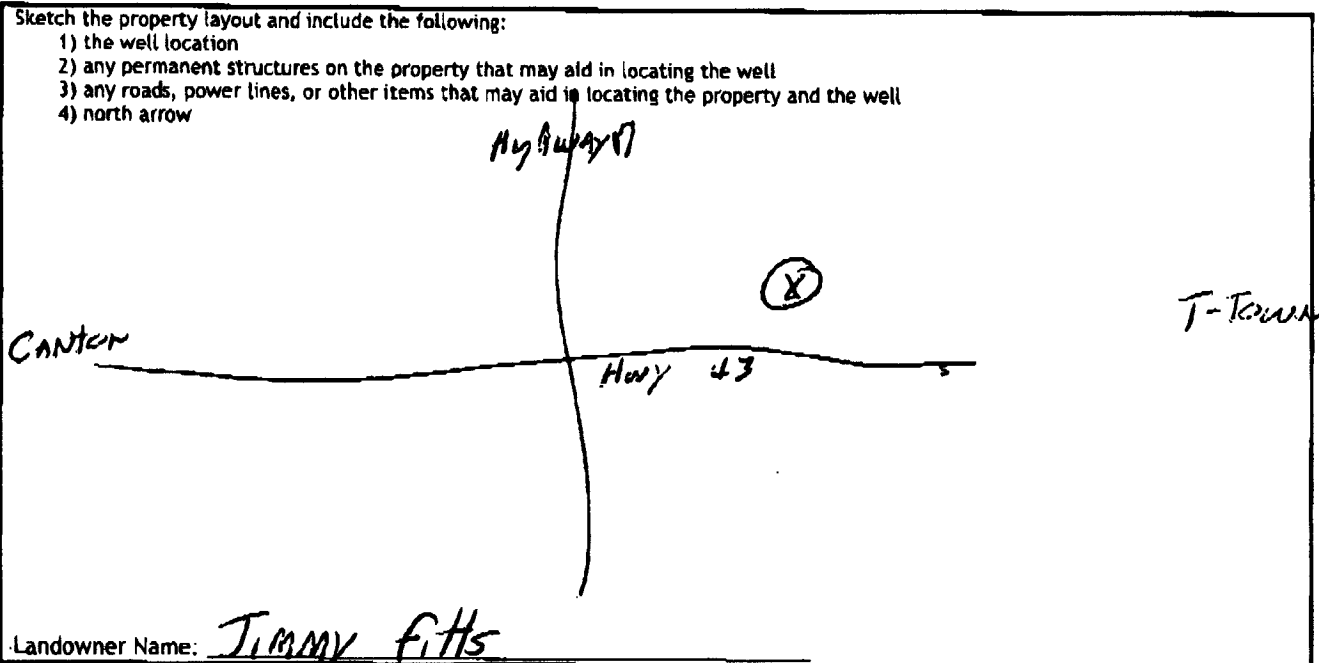
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Mixed DIRT                            | Ground level | 5          |
| White Sand                            | 5            | 14         |
| Mixed CLAY                            | 14           | 22         |
| White SAND                            | 22           | 100        |
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If more than one screen, show location of each on sketch



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.

David S. Thomas 0-149 5-12-16  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1B (4/13)

# 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: \_\_\_\_\_

Aquifer: \_\_\_\_\_

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 5-12-16  
Copy information from block on Part 1

*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>Jimmy Fitts</u>                            | Latitude: <u>32° 14' 55.65"</u> Longitude: <u>89° 48' 39.07"</u>   |
| Mailing Address: <u>124 Parkfield</u>                     | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Madison</u> City <u>MS</u> State <u>39110</u> Zip Code | _____/_____/_____, Sec. <u>6</u> T. _____ R. _____   |
| Telephone No. (____) _____                                | <u>4</u> Miles <u>SE</u> of <u>Camden</u><br>(Distance)      (Direction)      (Nearest Town)   |

**Pump Type (circle one)**

Submersible    Turbine    Air Lift    Centrifugal    Flowing Well    Jet    Piston    Rotary    Other (describe): \_\_\_\_\_

Date Pump Installed: 5-12-16      Rated Pump Capacity: 18 Gallons Per Minute

Is This Pump (circle one):  New     Repaired     Replacement

**Power Type (circle one)**

Electric    Diesel    Gasoline    Natural Gas    Tractor PTO    Windmill    Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1      Setting Depth: 60' feet      Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5-12-16      Duration of Pump Test (minimum 4 hours): 1 hours

Static Water Level (A): 30 Feet Below Land Surface      Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface      Test Pumping Rate: 22 Gallons Per Minute

Method of measurement (circle one): Steel tape    Electric tape     Air line    Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_      Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_      Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_      Meter installed by: \_\_\_\_\_

Is This Meter (circle one):    New    Repaired    Replacement

**Important:** By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

David S. Thomas 0-147      5-12-16      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)