

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)

For Office Use Only:

Well #: R37  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Madison  
Permit #: \_\_\_\_\_  
Driller: David West  
Date drilling completed: 11-6-2019

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Van Miller</u>	Latitude: <u>32.536990</u> Longitude: <u>-90.309693</u>
Mailing Address: <u>256 First Street</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Floca</u> <u>MS</u> <u>39071</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>16</u> T <u>08N</u> R <u>01W</u>
Telephone No. <u>(662) 919-0285</u>	<u>1/2</u> Miles <u>S</u> of <u>Floca</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 11-5-2019 Date drilling completed: 11-6-2019 Hole depth: 665' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Pond on property

Method of dosing and volume of Chlorine used in drilling and development: Tab's SORPM

Logs run (check all applicable):  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 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: 169 feet  above or  below land surface Date measured: 11-6-2019  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): Sonar

Well depth: 665' Well grouted to a depth of: 40 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 625 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 550 feet to 590 feet

Type of completion (check 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

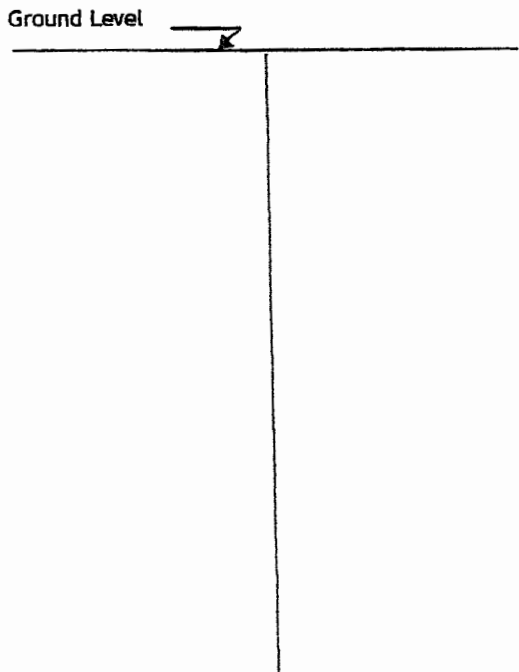
**RECEIVED**  
**11-15-2019**  
**BY OLWR**

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

**For Office Use Only:**  
 Well #: R37

The sketch below only required for water wells

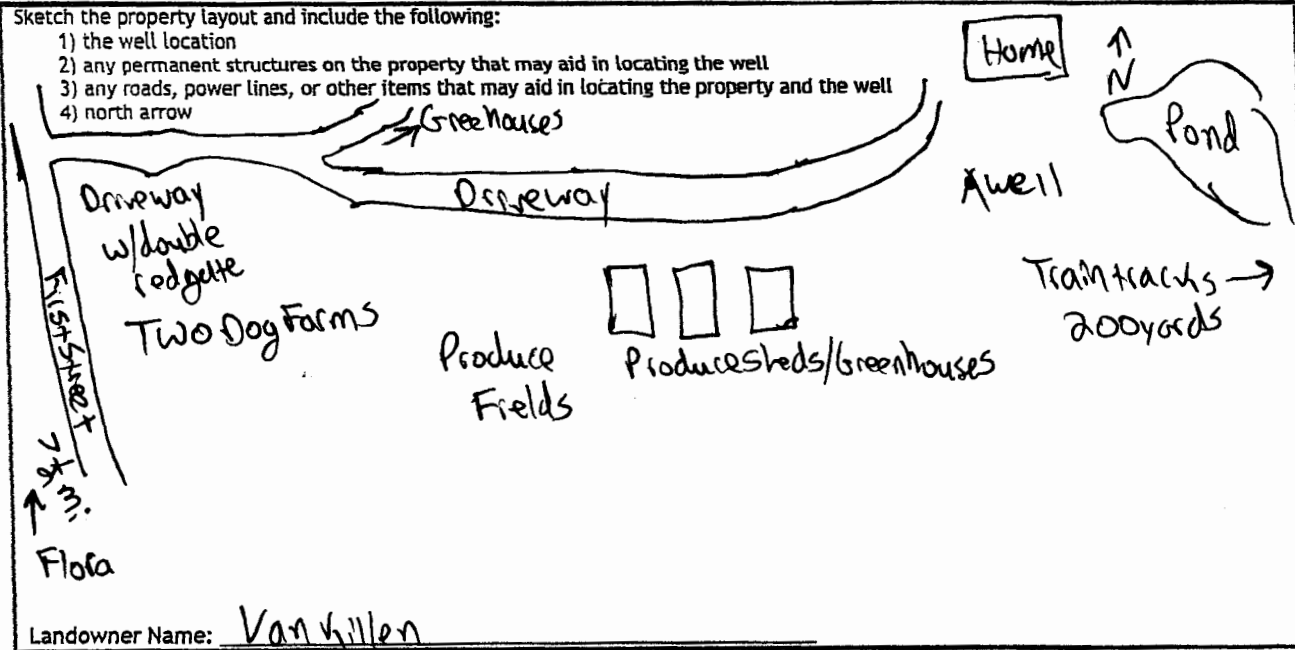
If well telescopes, show depths on sketch.



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)
Yellow/Brown Clay	Ground level	37
La200 clay	37	390
Moody's Branch Clay	390	400
Clay	400	420
Fine Sand	420	490
Sand w/Clay Breaks	490	540
Sand - Fine	540	562
Sand - Fine/Medium	562	594
Sand - w/clay breaks	594	603
Sand - Fine/trashy	603	665

If more than one screen, show location of each on sketch



Landowner Name: Van Killeen

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 West 0692      11-14-2019      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

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11-15-2019  
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 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

County: Madison  
Permit #: \_\_\_\_\_  
Driller: David West  
Date completed: 11-6-2019  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: R37  
Aquifer: \_\_\_\_\_

*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>Van Killen</u>	Latitude: <u>32.536990</u> Longitude: <u>-90.309693</u>
Mailing Address: <u>256 First Street</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Floca</u> <u>MS</u> <u>39091</u> City State Zip Code	_____ 1/4 1/4 Sec T R
Telephone No. <u>(601) 719-0285</u>	<u>1/2</u> Miles <u>S</u> of <u>Floca</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: 11-11-2019 Rated Pump Capacity: 60 Gallons Per Minute  
Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 5 Setting Depth: 252 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
Method of measurement (check 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 (check 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 West 0-672 11-14-2019 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer