

# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: U45  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Madison  
Permit #: \_\_\_\_\_  
Driller: Will Borlow  
Date drilling completed: 8-25-16

**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>Austin Banks</u>	Latitude: <u>32°30'19.7"</u> Longitude: <u>90°00'02.7"</u>
Mailing Address: <u>627 Twelve Oaks Place</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Canton MS 39046</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 Sec 28 Twn 8N Rng 3E</u>
Telephone No. <u>(601) 668-0662</u>	Distance Direction Nearest Town
	<u>5 Miles NE of Madison</u>

**Well / Borehole Data**

Date drilling started: 8-30-16 Date drilling completed: 8-25-16 Hole depth: 580 Hole diameter: 6

Location of the source of any surface water used for drilling: Public Supply

Method of dosing and volume of Chlorine used in drilling and development: NA

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

Name of organization running log(s): DEQ

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: 145 feet above or below (circle one) land surface Date measured: 8-25-16 RECEIVED

Method of Measurement (circle one) steel tape  electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: \_\_\_\_\_ AUG 01 2017

Well depth: 560 Well grouted to a depth of 40 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite  Mix \_\_\_\_\_ BY OLWR

Casing length: 540 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 540 feet to 560 feet

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

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

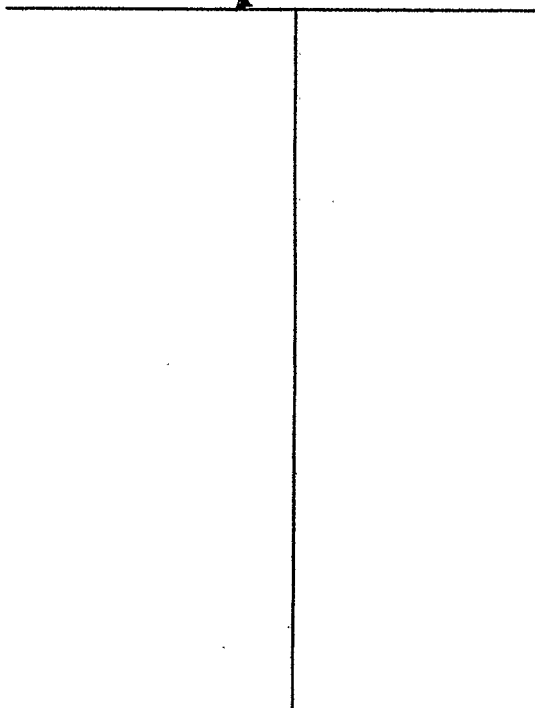
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. **If telescoped or more than one screen, describe on next page**

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

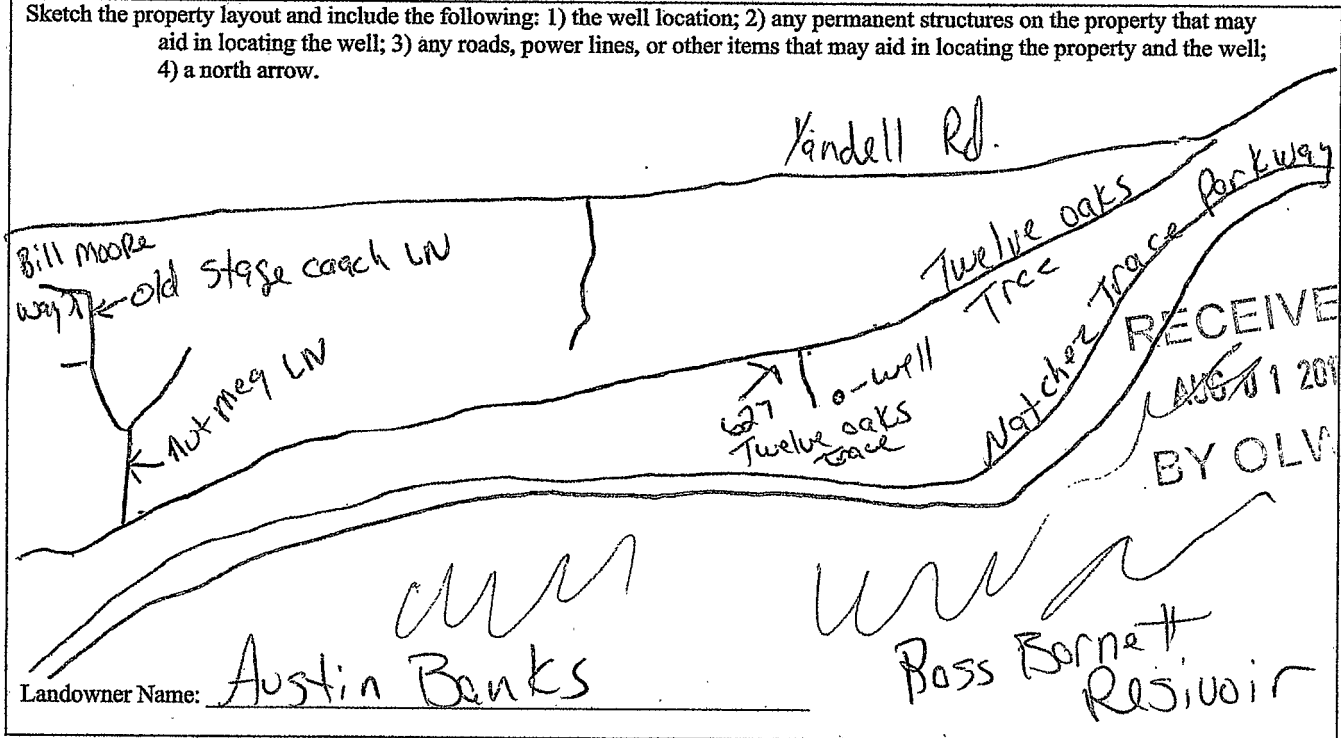
If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$



Description of Formations Encountered	From (depth)	To (depth)
Gray clay	Ground Level	220
Moody's Branch	220	260
Gray clay	260	280
Sandy clay	280	440
Sand	440	560
Clay	560	—

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



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.

Arnold Fincher Jr 0560 8-25-14  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: U45  
 Elevation: \_\_\_\_\_

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date completed: 8-25-16  
*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>Austin Banks</u>	Latitude: <u>32 30 19.7 N</u> Longitude: <u>90 00 02.7 W</u>
Mailing Address: <u>627 Twelve Oaks TR.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Canton MS 39046</u>	USGS quad _____ <u>Hand-held GPS</u> _____ Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 28 T8N R3E</u>
Telephone No. <u>(601) 668-0662</u>	Distance Direction Nearest Town <u>5 Miles NE of Madison</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u> <b>RECEIVED</b>
Date Pump Installed: <u>8-25-16</u>	Setting Depth: <u>260</u> feet <b>AUG 01 2017</b>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____ <b>BY OLWR</b>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-25-16</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>145</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>55</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Arnold Finler Jr 0-560 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer