

# 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 #: 1146  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Madison  
Permit #: \_\_\_\_\_  
Driller: A.S. Fincher  
Date drilling completed: 2-1-18

**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<br>(Landowner if borehole is not for a water well)  |  | Well or Borehole Location  |   |
|---|--|--|---|
| Owner Name: <u>Justin Halbert</u>   |  | Latitude: <u>32° 30' 33.9"</u> <sup>N</sup>  | Longitude: <u>90° 00' 04.96"</u> <sup>W</sup> |
| Mailing Address: <u>1588 S Tokes Rd</u>   |  | Method of Lat/Long (circle one): <u>Conventional Survey</u>                          |   |
| <u>Canton</u> MS <u>38046</u>   |  | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS                                   |   |
| City State Zip Code   |  | <u>NW 1/4 SW 1/4 Sec 28 Twn 8N Rng 3E</u>  |   |
| Telephone No. <u>(601) 540-7705</u>   |  | Distance <u>9</u> Miles Direction <u>S</u> of Nearest Town <u>Canton</u>             |   |
| Well / Borehole Data  |  |  |   |
| Date drilling started: <u>1-15-18</u>   | Date drilling completed: <u>2-1-18</u> | Hole depth: <u>480</u>   | Hole diameter: <u>6"</u>                      |
| Location of the source of any surface water used for drilling: <u>Public Supply</u>   |  | Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u> |   |
| Logs run (circle all applicable): No log run <input type="checkbox"/> <u>Electric</u> <input checked="" type="checkbox"/> <u>Gamma Ray</u> <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ |  |  |   |
| Name of organization running log(s): <u>MOEA</u>  |  |  |   |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____   |  |  |   |
| Seismic Survey _____ Other (describe) _____   |  |  |   |
| <b>If drilling is not related to water well construction, skip the remainder of this block</b>  |  |  |   |
| Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>JUL 02 2018</u>  |  |  |   |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>BY OLWR</u>   |  |  |   |
| Static Water Level: <u>160</u> feet above or below (circle one) land surface  |  | Date measured: <u>2-1-18</u>   |   |
| Method of Measurement (circle one) steel tape _____ <u>electric tape</u> _____ air line _____ other: _____  |  |  |   |
| Well depth: <u>400</u> feet   |  | Well grouted to a depth of <u>30</u> feet  |   |
| Type of grout (circle one): Neat Cement _____ Bentonite _____ <u>Mix</u>  |  |  |   |
| Casing length: <u>350</u> feet  |  | Casing diameter: <u>4</u> inches   |   |
| Type of casing: <u>PVC</u>  |  |  |   |
| Screen length: <u>20</u> feet   |  | Screen diameter: <u>4</u> inches   |   |
| Type of screen: <u>PVC</u>  |  |  |   |
| Screen slot size: <u>.006</u> inches  |  | Setting depth: From <u>350 ± 37 1/2</u> feet to <u>360 ± 38 1/2</u> feet             |   |
| Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ <u>Natural Development</u>   |  |  |   |
| Other (describe): _____   |  |  |   |
| Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>   |  |  |   |



# 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 #: 1146

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

County: Madison  
Permit #: \_\_\_\_\_  
Driller: A.J. Fincher  
Date completed: 2-2-18  
**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>Justin Halbert</u>      | Latitude: <u>32 30 33.9'</u> Longitude: <u>90 00 04.9 W</u>   |
| Mailing Address: <u>1588 Stokes Rd</u> | Method of Lat/Long (check one): Conventional Survey _____, <u>Hand-held GPS</u> _____, Survey-grade GPS _____ |
| <u>Canton</u> <u>MS</u> <u>39046</u>   | USGS quad _____, <u>11W 1/4 SW 1/4, Sec 28 T 8N R 3E</u>  |
| City State Zip Code                    | <u>9</u> Miles <u>S</u> of <u>Canton</u>  |
| Telephone No. <u>(601) 540-7705</u>    | (Distance) (Direction) (Nearest Town)   |

**Pump Type (circle one)**

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

Date Pump Installed: 2-2-18 Rated Pump Capacity: 10 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: 1.5 Setting Depth: 240 feet Number of Stages: 20

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2-2-18 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 160 Feet Below Land Surface Pumping Water Level (B): 175 Feet Below Land Surface

Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 15 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

RECEIVED  
JUL 02 2018  
BY OLWR

*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.

Arnold Fincher Jr 0-560 2-2-18 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer