

# 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: Marion  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 11-6-17

**For Office Use Only:**

Well #: B76  
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>Earnest Powell</u>  | Latitude: <u>31° 21' 52" N</u> Longitude: <u>89° 56.00' W</u>   |
| Mailing Address: _____<br><u>144 Tolar Rd.</u>   | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>Columbia</u> <u>MS</u> <u>39429</u>   | <u>SW</u> ¼ <u>SE</u> ¼, Sec <u>29</u> T <u>5N</u> R <u>19W</u>   |
| City State Zip Code  | _____ Miles _____ of _____<br>(Distance) (Direction) (Nearest Town)   |
| Telephone No. (____) _____   |   |

**Well / Borehole Data**

Date drilling started: 11-6-17 Date drilling completed: 11-6-17 Hole depth: 90 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: granule chlorine

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 Date measured: 11-6-17  
(circle one)

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

Well depth: 90 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 70 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 70 feet to 90 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

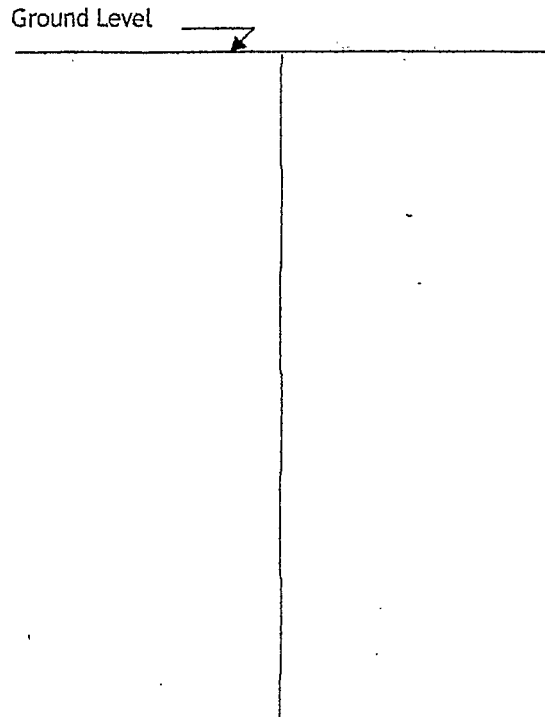
*If telescoped or more than one screen, describe on next page*

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

**For Office Use Only:**  
 Well #: B76

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

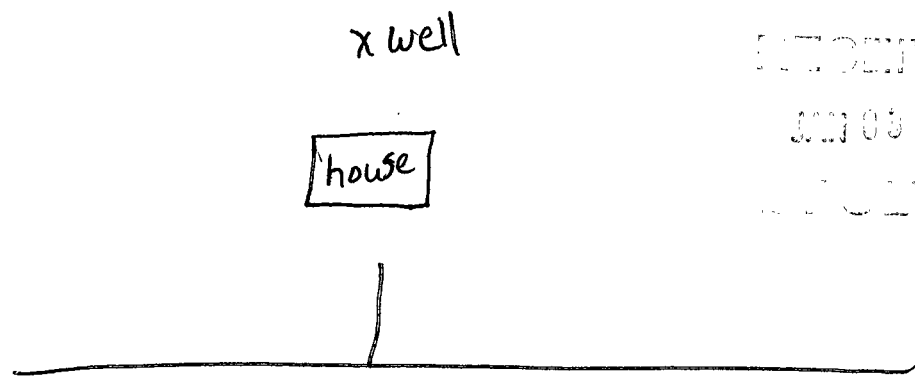


| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| topsoil                               | Ground level | 1          |
| clay                                  | 1            | 55         |
| sand                                  | 55           | 90         |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
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|                                       |              |            |
|                                       |              |            |

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



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Landowner Name: Earnest Powell

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.

James M. Wells 00005889  
 Print Name of Responsible Licensee and License No.

12.28.17  
 Date

James M. Wells  
 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 11-6-17  
Copy information from block on Part 1

**For Office Use Only:**

Well #: B76  
 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                |  | 31-21-52 Well Location 89-56-00 |  |
|---------------------------------------|--|---------------------------------|--|
| Owner Name: <u>Earnest Powell</u>     | Latitude: <u>31° 21.52N</u>                                      | Longitude: <u>89° 56.00W</u>    |  |
| Mailing Address: _____                | Method of Lat/Long (check one): Conventional Survey _____,       |                                 |  |
| <u>144 Tolar Rd.</u>                  | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____     |                                 |  |
| <u>Columbia MS 39429</u>              | <u>SW ¼ SE ¼, Sec 29 T 5N R 19W</u>                              |                                 |  |
| City _____ State _____ Zip Code _____ | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |                                 |  |
| Telephone No. (____) _____            |  |                                 |  |

**Pump Type (circle one)**

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

Date Pump Installed: 11-6-17 Rated Pump Capacity: 12 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: 70 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-6-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 70 Feet Below Land Surface

Drawdown [(B) - (A)]: 35 Feet Below Land Surface Test Pumping Rate: 17 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.

James M. Wells 00005889 12-28-17 James M. Wells  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer