

# 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)

### For Office Use Only:

Well #: G-123  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Marion  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 3-10-14

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Linda Thornhill</u> Mailing Address: <u>3890 Hwy 35 N</u> <u>Columbia</u> <u>MS</u> <u>39429</u> City State Zip Code Telephone No. <u>(601) 441-3686</u>	<b>Well or Borehole Location</b> <u>31° 16' 13.8" N 89° 51' 9" W</u> Latitude: <u>31° 16.230</u> Longitude: <u>89° 51.156</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW ¼ NW ¼, Sec 31 T 4N R 18W</u> <u>0</u> Miles <u>W</u> of <u>Columbia</u> (Distance) (Direction) (Nearest Town)
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<b>Well / Borehole Data</b> Date drilling started: <u>3-10-14</u> Date drilling completed: <u>3-10-14</u> Hole depth: <u>125</u> Hole diameter: <u>7½"</u> Location of the source of any surface water used for drilling: <u>Community</u> Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>0</u> feet [above or <u>below</u> ] land surface Date measured: <u>3-10-14</u> (circle one)	
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____	
Well depth: <u>125</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>105</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>.008</u> inches Setting depth: From <u>102</u> feet to <u>125</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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

-89,5525  
3/27/15

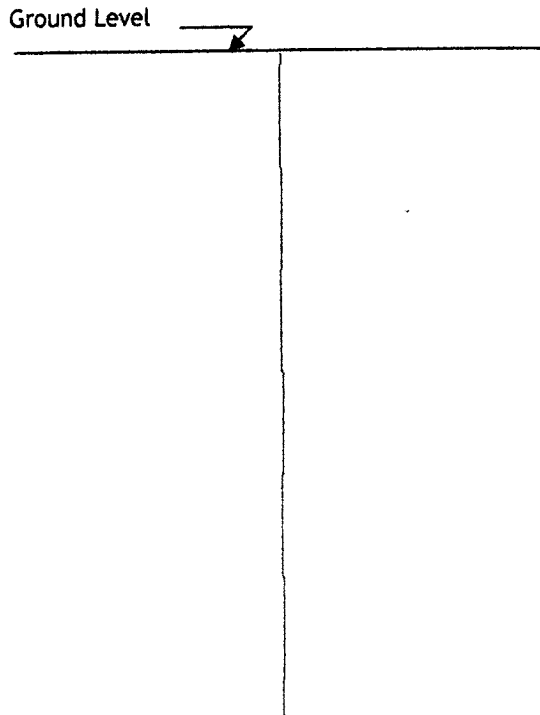
Received  
APR 16 2014  
BY OLWR

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

**For Office Use Only:**  
 Well #: G123

**The sketch below only required for water wells**

**If well telescopes, show depths on sketch.**



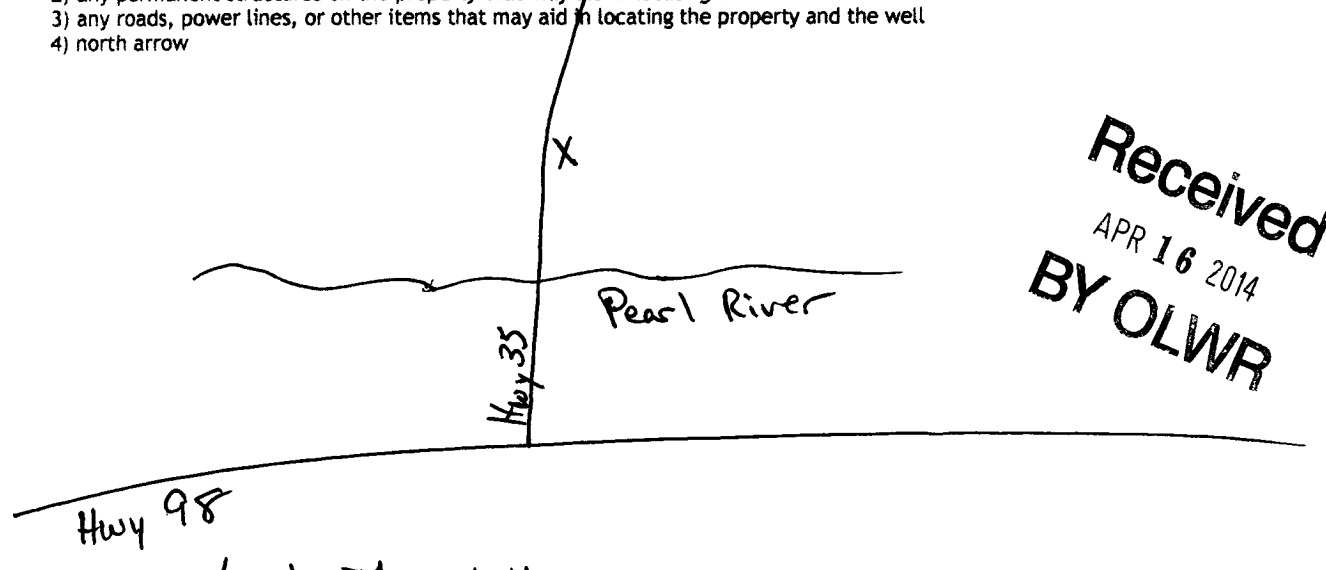
**Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations**

Description of Formations Encountered	From (depth) Ground level	To (depth)
topsoil		
clay	1	20
sand	20	32
clay	32	90
sand	90	125

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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 BY OLWR

Landowner Name: Linda Thornhill

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 4-13-14 James M. Wells  
 Print Name of Responsible Licensee and License No. Date 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: 3-10-14  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: G123  
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.*

<b>Well Owner Information</b> Owner Name: <u>Linda Thornhill</u> Mailing Address: <u>3890 Hwy 35N</u> <u>Columbia</u> <u>MS</u> <u>39429</u> City State Zip Code Telephone No. ( <u>601</u> ) <u>441-3686</u>	<b>Well Location</b> <u>31°16'13.8" N</u> <u>89°51'9" W</u> Latitude: <u>31°16.230</u> Longitude: <u>89°51.150</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4, Sec <u>31</u> T <u>4N</u> R <u>18W</u> <u>0</u> Miles <u>W</u> of <u>Columbia</u> (Distance) (Direction) (Nearest Town)
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**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed: 3-10-14 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: 3/4 Setting Depth: 20 feet Number of Stages: 12

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 3-10-14 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 0 Feet Below Land Surface Pumping Water Level (B): 20 Feet Below Land Surface  
Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 18 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 4-13-14 James M. Wells  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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