

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 #: 5123
Aquifer:
E-Log #:

County: Marion
Permit #:
Driller: James M. Wells
Date drilling completed: 8-18-15

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)
Owner Name: Nathaniel Smith
Mailing Address: 559 Taylor Rd. Foxworth MS 39483
Telephone No. (601) 310-1856
Well or Borehole Location 89 57 47
Latitude: 31° 13.624 Longitude: 089° 57.794
Method of Lat/Long (check one): Conventional Survey
USGS quad NW 1/4 SE 1/4, Sec 14 T 3N R 20W
8 Miles W of Foxworth (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 8-18-15 Date drilling completed: 8-18-15 Hole depth: 140 Hole diameter: 7 1/2"
Location of the source of any surface water used for drilling: Running creek
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: 60 feet (above or below land surface) (circle one) Date measured: 8-18-15
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 140 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 120 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 120 feet to 140 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

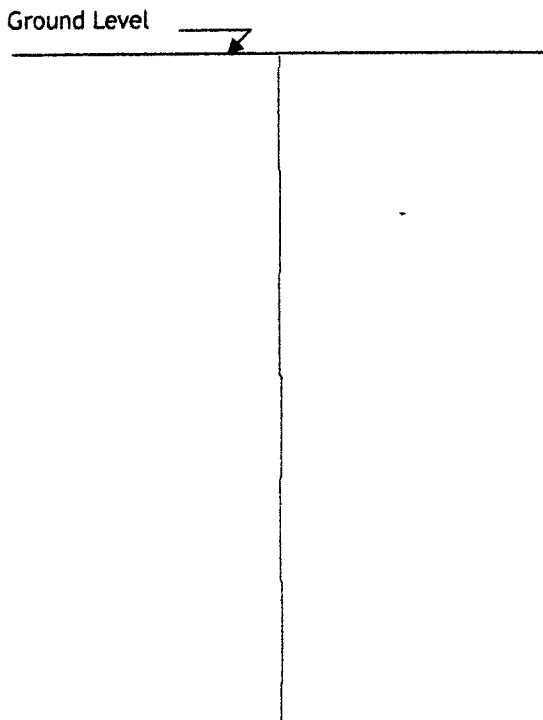
OCT 02 2015

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

**For Office Use Only:**  
Well #: J123

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

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



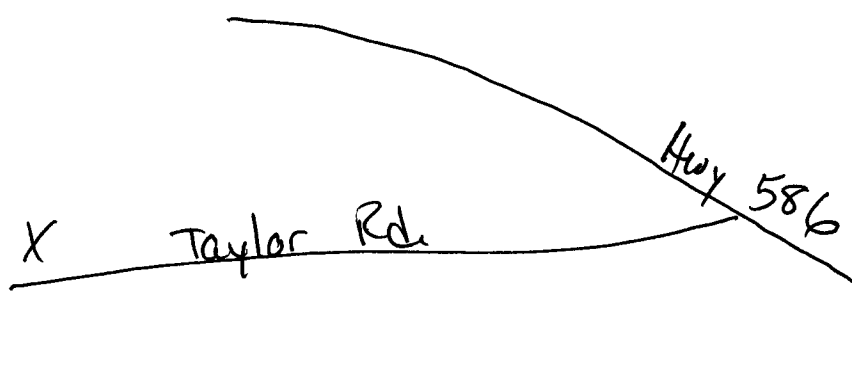
**Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations**

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
clay	1	90
sand	90	140

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: Nathaniel Smith

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 9-28-15 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: 8-18-15  
Copy information from block on Part 1

**For Office Use Only:**  
Well #: J123  
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>Nathaniel Smith</u>	Latitude: <u>31°13.624</u> Longitude: <u>089°57.794</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>559 Taylor Rd.</u>	_____ 1/4 _____ 1/4, Sec. <u>14</u> T <u>3N</u> R <u>20W</u>
<u>Foxworth</u> <u>MS</u> <u>39483</u>	<u>8</u> Miles <u>W</u> of <u>Foxworth</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 310-1856</u>	

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 8-18-15 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: 80 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 8-18-15 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface  
Drawdown [(B) - (A)]: to 520 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: \_\_\_\_\_ OCT 01 2015  
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 9-28-15 James M. Wells  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer