

# STATE WELL REPORT

279

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date drilling completed: 6-21-19

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 #: M 95  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Kiphyn Byrd</u>	Latitude: <u>31°15.19'N</u> Longitude: <u>89°40.8'W</u> <u>31 15 11.4</u> <u>89 40 48.0</u>
Mailing Address: <u>133 Thompson Creek Ln.</u> <u>Columbia MS 39429</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW 1/4 NW 1/4, Sec 2 T 3N R 17W</u>
Telephone No. (____) _____	____ Miles ____ of ____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6-21-19 Date drilling completed: 6-21-19 Hole depth: 250 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) \_\_\_\_\_

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*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: 100 feet [above or  below] land surface Date measured: 6-21-19  
(circle one)

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

Well depth: 250 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 230 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 230 feet to 250 feet

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

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

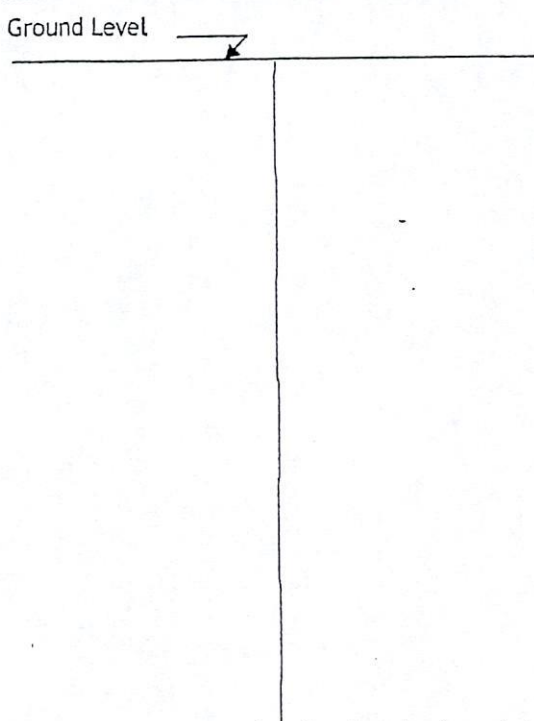
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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

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

**For Office Use Only:**  
Well #: \_\_\_\_\_

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

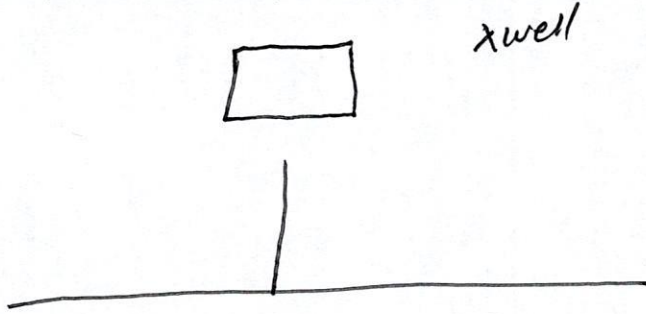


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
topsoil		1
clay	1	190
sand	190	250

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: Kiphyn Byrd

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 8-5-19 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)

**For Office Use Only:**

Well #: M 95

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

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 6-21-19  
*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>Kiphyn Byrd</u>	Latitude: <u>31° 15.19N</u> Longitude: <u>89° 40.8W</u>
Mailing Address: _____ <u>133 Thompson Creek Ln.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Columbia</u> MS <u>39429</u>	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>2</u> T <u>3N</u> R <u>17W</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: 6-21-19 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: 140 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-21-19 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 140 Feet Below Land Surface

Drawdown [(B) - (A)]: 112 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

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**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 8-5-19 James M. Wells  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer