

# 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 #: N173  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Marion  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 8-2-17

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>Mile High Poultry Farm</u>	Latitude: <u>31° 10.13N</u> Longitude: <u>89° 51.46W</u>
Mailing Address: _____	<u>31-10-13</u> <u>89-51-46</u>
<u>2615 Hwy 35 S</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Foxworth MS 39483</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4, Sec 2 T 2N R 13E</u>
Telephone No. (____) _____	_____ Miles _____ of _____
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-2-17</u> Date drilling completed: <u>8-2-17</u> Hole depth: <u>265</u> Hole diameter: <u>7 1/2"</u>
Location of the source of any surface water used for drilling: <u>running creek</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump
<input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other (describe): <u>chicken house</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>1160</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>8-2-17</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>265</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>235</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>30</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>235</u> feet to <u>265</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

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



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: 8-2-17
Copy information from block on Part 1

For Office Use Only:
Well #: N173
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: Mile High Poultry Farm
Well Location: Latitude: 31° 10.13N Longitude: 89° 51.46W
Mailing Address: 2615 Hwy 355, Foxworth MS 39483
Method of Lat/Long: Conventional Survey
USGS quad: SW 1/4 NE 1/4, Sec 2 T 2N R 13E
Telephone No. ( ) of (Distance) (Direction) (Nearest Town)

Pump Type (circle one): Submersible
Date Pump Installed: 8-2-17
Rated Pump Capacity: 55 Gallons Per Minute
Is This Pump (circle one): New

Power Type (circle one): Electric
Horse Power Rating of Motor: 5
Setting Depth: 200 feet
Number of Stages: 13

Pump Test Data for Non Flowing Well
Date Well Tested: 8-2-17
Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 160 Feet Below Land Surface
Pumping Water Level (B): 200 Feet Below Land Surface
Drawdown [(B) - (A)]: 178 Feet Below Land Surface
Test Pumping Rate: 70 Gallons Per Minute
Method of measurement (circle one): Steel tape

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
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 9-25-17 James M. Wells
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer