

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Monroe  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Russi (0509)  
 Date drilling completed: 8-27-12

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: D47  
 L. S. Elevation: \_\_\_\_\_  
 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Leslie Grant</u> Mailing Address: <u>1217 Hwy 278 East</u> <u>Amory</u> <u>ms</u> <u>38821</u> City State Zip Code Telephone No: <u>(662) 256-2539</u>	Latitude: <u>34° 00' 02"</u> Longitude: <u>88° 20' 21"</u> Method of Lat/Long (circle one) <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> <u>NE</u> <u>1/4</u> <u>E</u> <u>1/4</u> Sec <u>29</u> Twn <u>12S</u> Rng <u>9E</u> Distance <u>7</u> Miles <u>North</u> Direction of <u>14</u> Nearest Town <u>17W</u> <u>east</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>8-22-13</u> Date drilling completed: <u>8-27-12</u> Hole depth: <u>295</u> Hole diameter: _____	
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: _____	
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, (check one): Water Well <input checked="" type="checkbox"/> 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 (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>255</u> feet above or <u>(below)</u> (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>295</u> Well grouted to a depth of <u>60</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>275</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>285</u> feet to <u>295</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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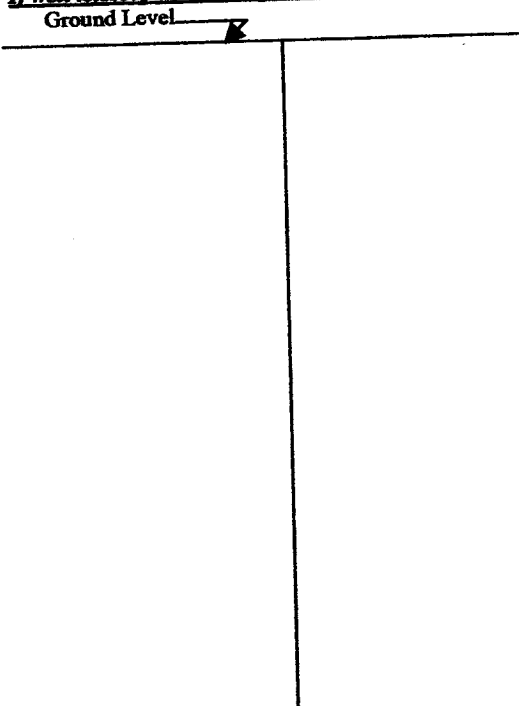
MAY 02 2013

BY: OLWR

The sketch below only required for water wells

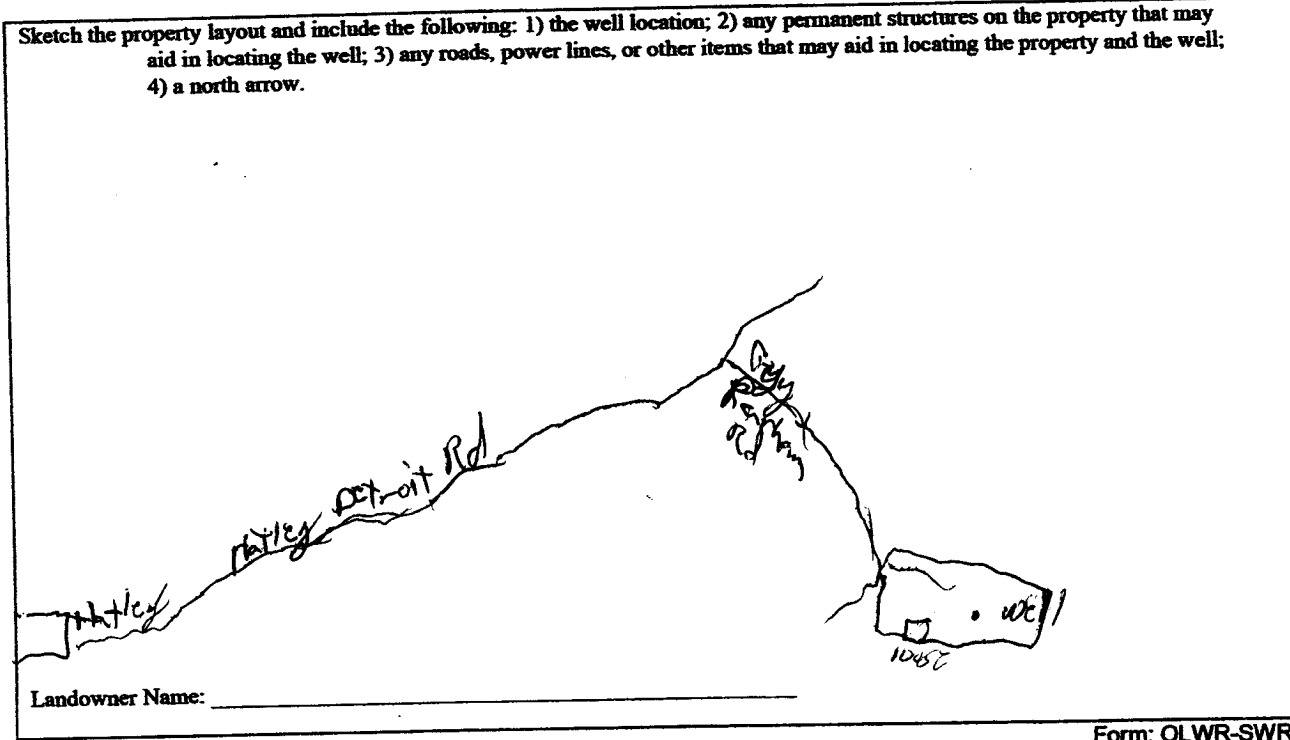
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Clay	0	10
Sandy clay	10	40
Clay	40	45
Rock	45	49
Clay	49	63
Rock	63	65
Clay	65	90
Rock	90	92
Clay	92	190
Sand clay	190	215
Clay	215	230
Sand clay slip	230	250
Sand to gravel	250	295

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

I 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.

Thomas Rossi 0509  
Print Name of Responsible Licensee and License No.

4-24-13  
Date

*Thomas Rossi*  
Signature of Licensee

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BY: OLWR

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Monroe  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Rossi 0509  
 Date completed: 8-29-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D47  
 Elevation: \_\_\_\_\_

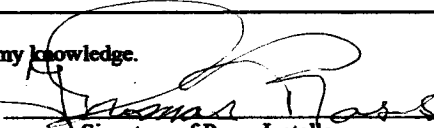
*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Leslie Grant</u>	Latitude: <u>34-00-02</u> Longitude: <u>88-20-21</u>
Mailing Address: <u>1217 Hwy 278 East</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>Amery</u> MS <u>38824</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 29 T12S R17W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>7</u> Miles <sup>North</sup> <del>East</del> of <u>Hatley</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<b>Electric Motor</b> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: _____	Setting Depth: <u>290</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>255</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Thomas Rossi 0509 

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR/1B3

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