

# 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 #: A 45  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: Thomas Drilling  
Date drilling completed: 2-5-14

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Ngot Nguyen #1</u> Mailing Address: <u>39 Andrew Fredrick Rd.</u> <u>Conehatta MS 39057</u> City State Zip Code Telephone No. <u>(228) 382-6752</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>32° 31' 46.575"</u> Longitude: <u>89° 16' 7.932"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>NW 1/4 NW 1/4, Sec 22 T 8N R 10E</u> <u>4</u> Miles <u>SW</u> of <u>Sebastopol</u> (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 2-4-14 Date drilling completed: 2-5-14 Hole depth: 135 Hole diameter: 4"  
Location of the source of any surface water used for drilling: Thomas Drilling  
Method of dosing and volume of Chlorine used in drilling and development: 1 lbs in tender to wash  
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): Poultry Farm  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 30 feet [above or  below] land surface Date measured: 2-5-14  
(circle one)  
Method of measurement (circle one): Steel tape  Electric tape   Air line Other (describe): \_\_\_\_\_  
Well depth: 135 Well grouted to a depth of: 10+ feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: -010 inches Setting depth: From 115 feet to 135 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*

Form: OLWR-SWR-1A (4/13)

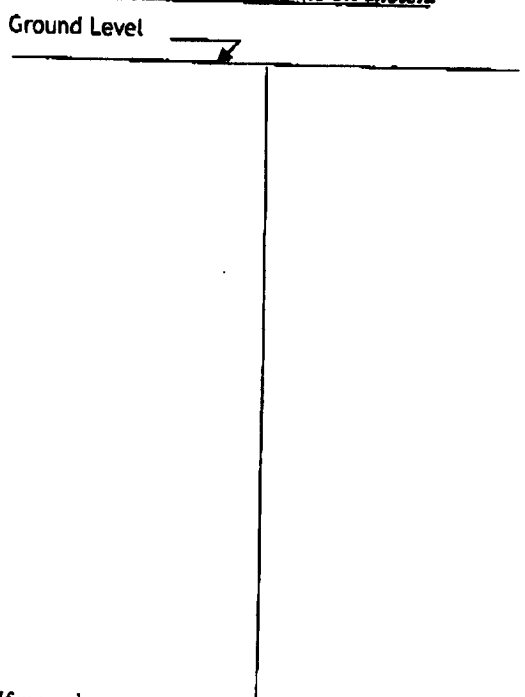
601-267-9600

County: Newton  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: A 45

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

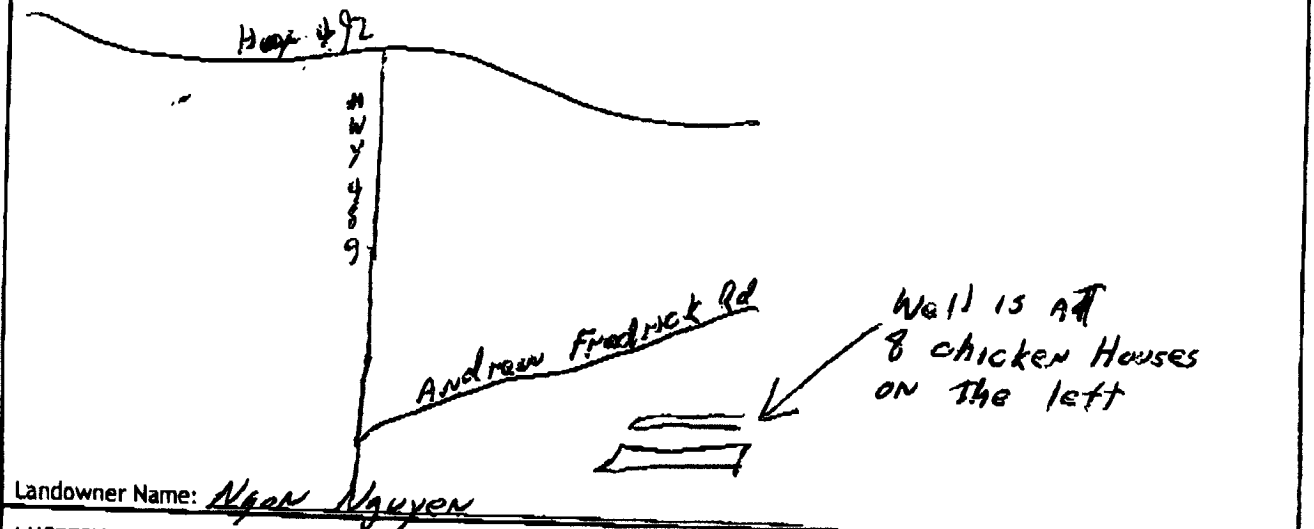


Description of Formations Encountered	From (depth) Ground level	To (depth)
Red dirt & clay	0	10
Mixed clay	10	32
Sand & Clay	32	49
White sand	49	90
Sand & Clay streaks	90	94
Gray sand	94	130
Gray sand & lignite	130	135

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



Landowner Name: Ngan Nguyen

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.

David S. Thomas 0-149      2-28-14  
 Print Name of Responsible Licensee and License No.      Date

*[Signature]*  
 Signature of Licensee

Form: OLWR-SWR-1A (4/13)

# 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: Newton  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 2-18-14  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: R 45  
 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>Ngat Nguyen FI</u>	Latitude: <u>32° 31' 46.5994"</u> Longitude: <u>-91° 16' 7.932"</u>
Mailing Address: <u>39 Andrew Frederick Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Canehatta</u> MS <u>39057</u>	<u>1/4</u> <u>1/4</u> Sec <u>22</u> T <u>8N</u> R <u>10E</u>
City State Zip Code	<u>4</u> Miles <u>SW</u> of <u>Sebarton</u>
Telephone No. ( <u>228</u> ) <u>352-6752</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): Var Speed

Date Pump Installed: 2-18-14 Rated Pump Capacity: 25 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: 2 HP Setting Depth: 80 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2-18-14 Duration of Pump Test (minimum 4 hours): 1 hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): 50 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 45 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.

David S. Thomas 0-147 2-28-14  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)