

1094

# 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 #: 596  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 3-13-14

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Land &amp; Natural Resources</u>	Latitude: <u>32° 20' 57"</u> Longitude: <u>89° 14' 15"</u>
Mailing Address: <u>204 Energy Center</u> <u>3600 Watermelon rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>Northport AL</u> State: <u>AL</u> Zip Code: <u>35473</u>	<u>SW</u> 1/4 <u>NW</u> 1/4, Sec <u>24</u> T <u>6N</u> R <u>10E</u>
Telephone No. (____) _____	<u>4</u> Miles <u>W</u> of <u>Newton</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 3-11-14 Date drilling completed: 3-13-14 Hole depth: 370 Hole diameter: 7

Location of the source of any surface water used for drilling: Local Creek

Method of dosing and volume of Chlorine used in drilling and development: Used 8 gallons of bleach in water

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*

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Purpose of Well (circle all applicable): Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): rig supply

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 195 feet [above or  below] land surface Date measured: 3-13-14  
(circle one)

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

Well depth: 360 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 300 feet to 360 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

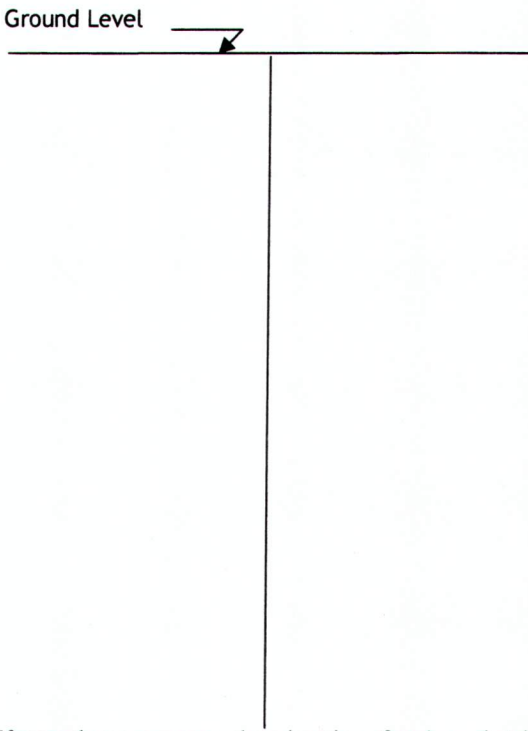
*If telescoped or more than one screen, describe on next page*

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

**For Office Use Only:**  
Well #: J 96

**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)
sand & clay	Ground level	40
sand & clay	40	160
blue clay	160	180
blue clay	180	220
sand, & clay	220	280
sand	280	360
clay	360	370

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: Land & Natural Resources

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.

John W Thompson 0-679    3-20-14    John W Thompson  
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: Newton  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 3-13-14  
**Copy information from block on Part 1**

**For Office Use Only:**  
Well #: J96  
Aquifer: \_\_\_\_\_

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This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of ~~Part 1~~ **Part 2** of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. **MAR 28 2014**

Well Owner Information	Well Location
Owner Name: <u>Land + Natural Resources</u>	Latitude: <u>32°20'57"</u> Longitude: <u>89°14'11"</u>
Mailing Address: <u>204 Energy Center</u> <u>3600 Watermelon rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Northport AL</u> State: <u>AL</u> Zip Code: <u>35473</u>	<u>SW 1/4 NW 1/4</u> , Sec <u>24</u> T <u>6N</u> R <u>10E</u>
Telephone No. (____) _____	<u>4</u> Miles <u>W</u> of <u>Newton</u> (Distance) (Direction) (Nearest Town)

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**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 3-13-14 Rated Pump Capacity: 55 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: 7.5 Setting Depth: 260 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 3-13-14 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 195 Feet Below Land Surface Pumping Water Level (B): 200 Feet Below Land Surface  
Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 50 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.  
Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_