

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
(601)961-5210
(601)961-5228 (fax)

County: Newton
Permit #: _____
Driller: Thomas Drilling
Date drilling completed: 12-15-14

For Office Use Only:
Aquifer: _____
Well #: Q 23
L. S. Elevation: _____
B-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>Bill Williams</u> Mailing Address: <u>3551 Hickory Fellowship Rd</u> <u>Hickory MS 39332</u> City State Zip Code Telephone No. <u>(601) 616-2788</u>	Latitude: <u>32° 15' 29.5"</u> Longitude: <u>88° 59' 3.04"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 20 Twn 5 N Rng 13 E</u> Distance Direction Nearest Town <u>4 Miles SE of Hickory</u>
Well / Borehole Data	
Date drilling started: <u>12-15-14</u> Date drilling completed: <u>12-15-14</u> Hole depth: <u>140</u> Hole diameter: <u>4</u> Location of the source of any surface water used for drilling: <u>NA</u> Method of dosing and volume of Chlorine used in drilling and development: <u>100 ml tender to wash</u> Logs run (circle all applicable): No log run <input checked="" 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 (check one): Water Well <input checked="" 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 (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: <u>Poultry</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>57</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>12-15-14</u> Method of Measurement (circle one) steel tape electric tape air line other: _____ Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</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>120</u> feet to <u>140</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>	

Form: OLWR-SWR-1A (04/08)

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level \rightarrow

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	
Red Dirt to Clay	0	8
Gray Chalk & sand	8	16
Clay Sand to Irony Rock	16	22
Gray Sand to Lignite	22	32
Gray Chalk	32	55
Good Sand White	55	83
Clay	83	85
Sand	85	88
Sand to Lignite	88	96
Sand	96	101
Clay	101	107
Sand Gray Med-Coarse	107	140

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) a north arrow.

The sketch shows a property layout with a road labeled 'J B Williams Rd.' curving from the top left towards the center. A vertical road labeled 'Highway Fellowship Rd.' intersects it. A house icon is drawn near the top of the vertical road. A well is indicated by a circle with a cross inside, labeled 'Well', located at the bottom right. A handwritten note 'x GPS puts it here' with an 'x' mark is located near the top right. The landowner's name 'Bill Williams' is written at the bottom left of the sketch area.

Form: OLWR-SWR-1A (04/08)

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.

David S. Thomas 0-147 12-16-14 [Signature]
 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
 (601)961-5210
 (601)961-5228 (fax)

County: Newton
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 12-16-14
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q23
 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>Bill Williams</u>	Latitude: <u>32° 15' 29.5"</u> Longitude: <u>88° 59' 3.04"</u>
Mailing Address: <u>3551 Hickory Fellowship Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hickory</u> MS <u>39332</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>20</u> T. <u>5N</u> R. <u>13E</u>
Telephone No. <u>(601) 646-2786</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>SE</u> of <u>Hickory</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP 3P</u>
Date Pump Installed: <u>12-16-14</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-16-14</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>57</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

Form: OLWR-SWR-1C (07-09)

State Well Report

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Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
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(801)961-5210
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County: Newton
Permit #: _____
Driller: Thomas Drilling
Date drilling completed: 12-12-14

For Office Use Only:
Aquifer: _____
Well #: Q23
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Bill Williams</u>	Latitude: <u>32° 15' 29.483</u> Longitude: <u>-88° 59' 3.09</u>
Mailing Address: <u>3551 Hickory Fellowship</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hickory MS 39332</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS ____ % ____ % Sec <u>20</u> Twn <u>5N</u> Rng <u>13E</u>
Telephone No. <u>(601) 646-2788</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SE</u> of <u>Hickory</u>
Well / Borehole Data	
Date drilling started: <u>12-10-14</u> Date drilling completed: <u>12-12-14</u> Hole depth: <u>127'</u> Hole diameter: <u>4"</u>	
Location of the source of any surface water used for drilling: <u>N/A</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 lb in wash & tender</u>	
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 _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Pond</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>59</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>12-12-14</u>	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Well depth: <u>127</u> Well grouted to a depth of <u>10'</u> feet Type of grout (circle one): Neat Cement Bentonite <u>MS</u>	
Casing length: <u>107</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20'</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>107</u> feet to <u>127</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>	

Form: OLWR-SWR-1A (04/08)

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Owner Name: <u>Bill Williams</u>	Latitude: <u>32°15'29.483"</u> Longitude: <u>88°59'3.09"</u>
Mailing Address: <u>3551 Hickory Fellowship</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hickory MS 39237</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (601) <u>646-2788</u>	Distance _____ Direction _____ Nearest Town _____ Miles <u>SE</u> of <u>Hickory</u>

Pump Type	Power Type
Air Lift Circle one Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP 30</u>
Date Pump Installed: <u>12-16-14</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>12-16-14</u>	Circle one Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>72</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

Form: OLWR-SWR-1C (07-09)