

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)

For Office Use Only:

Aquifer: _____
Well #: D68
L. S. Elevation: _____
E-log #: _____

County: Oktibbeha
Permit #: _____
Driller: Scott Holcomb
Date drilling completed: 8-14-17

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Roy Fisher</u>	Latitude: <u>33° 29' 16.20</u> Longitude: <u>88° 40' 42.30</u>
Mailing Address: <u>836 Camps Airport Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Starkville Ms. 39259</u>	<u>SW 1/4 NE 1/4 Sec 25 Twn 19N Rng 15E</u>
City State Zip Code	Distance Direction Nearest Town <u>0 Miles East of Starkville</u>
Telephone No. <u>(662) 418-0518</u>	

Well / Borehole Data

Date drilling started: 8-2-17 Date drilling completed: 8-14-17 Hole depth: 498 Hole diameter: 7 1/4

Location of the source of any surface water used for drilling: Lake on Property
Method of dosing and volume of Chlorine used in drilling and development: < 5 ppm

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: water cows

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

Static Water Level: 148 feet above or below (circle one) land surface Date measured: 8-15-17

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 498 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 458 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 498 feet to 458 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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 (04/08)

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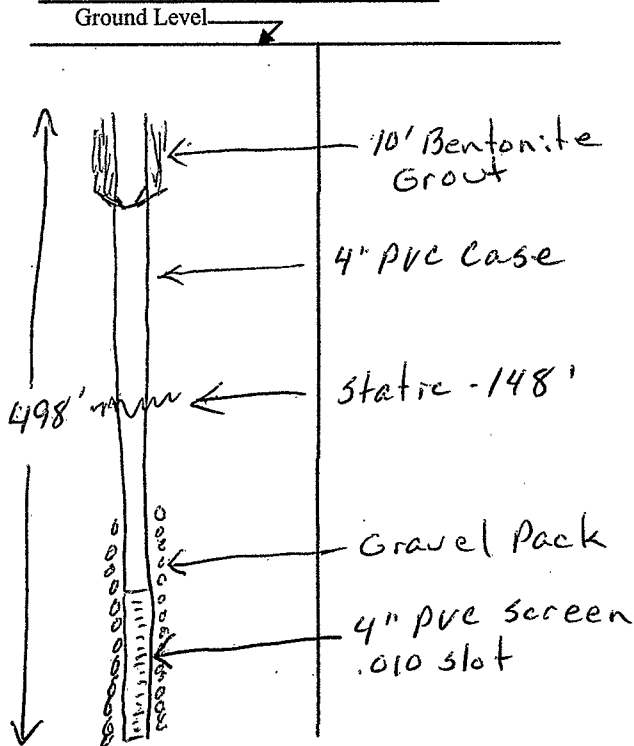
SEP 12 2017

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

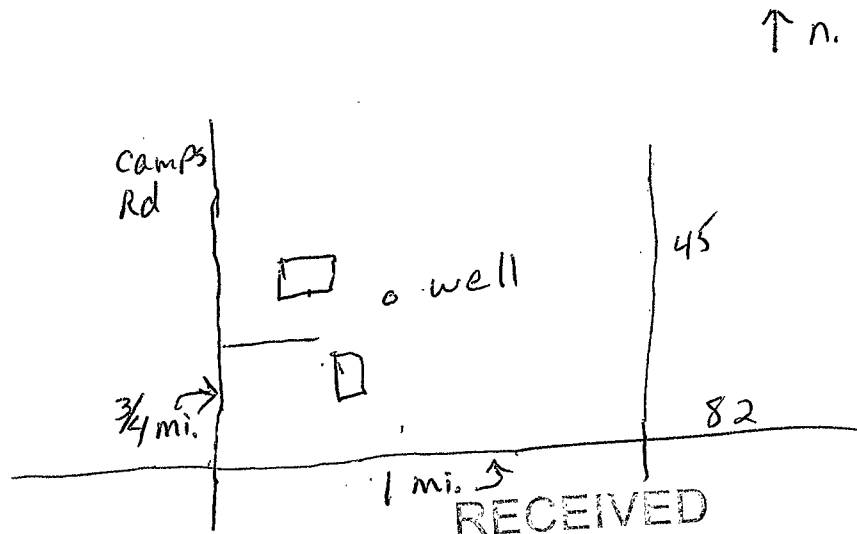
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top clay	Ground Level	16
Chalk	16	351
Silt	351	357
Sand	357	498

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.



Landowner Name: Roy Fisher

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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.

Scott Holcomb UNR 6593 8-18-17

Print Name of Responsible Licensee and License No. Date

Scott Holcomb

Signature of Licensee

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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)

For Office Use Only:

Aquifer: _____

Well #: D68

Elevation: _____

County: OKTIBBEHA

Permit #: _____

Driller: Scott Holcomb

Date completed: 8-14-17

Copy information from block on Part 1

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

Owner Name: Roy Fisher
Mailing Address: 836 Camps Airport Rd.
Starkville Ms. 39759
City State Zip Code
Telephone No. (662) 418-0518

Well Location

Latitude: 33° 29' 16.20" Longitude: 88° 40' 42.30"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS , Survey-grade GPS _____
SW 1/4 NE 1/4 Sec 25 T 19N R 15E
Distance Direction Nearest Town
6 Miles East of Starkville

Pump Type

Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 8-15-17
Rated Pump Capacity: 45 Gallons Per Minute

Power Type

Circle one
Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 5
Setting Depth: 231 feet
Number of Stages: 18

Pump Test Data

Date Well Tested: 8-15-17
Static Water Level (A): 148 Feet Below Land Surface
Pumping Water Level (B): - Feet Below Land Surface
Drawdown [(B) - (A)]: - Feet Below Land Surface
Test Pumping Rate: 60 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level

Circle one
Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: - feet
Well yielded 60 GPM with a drawdown of
- feet after 24 hours of pumping

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

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

Scott Holcomb UNR0593
Print Name of Pump Installer and License No. (if applicable)

Scott Holcomb BY OLWR
Signature of Pump Installer

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