

# 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 #: K 52  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Danola  
Permit #: 410894  
Driller: Joel Jumper  
Date drilling completed: 7-8-13

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Harris, Sarah B</u>	Latitude: <u>34-23-38.05</u> Longitude: <u>90-08-27.30</u>
Mailing Address: <u>3147 Holly Grove Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Summis</u> City <u>Ms</u> State <u>38666</u> Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. (____) _____	<u>SW 1/4 SW 1/4</u> , Sec <u>10</u> T <u>08S</u> R <u>09W</u>
	<u>4</u> Miles <u>E</u> of <u>Falton</u>
	(Distance)      (Direction)      (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7-8-13 Date drilling completed: 7-8-13 Hole depth: 110 Hole diameter: 28

Location of the source of any surface water used for drilling: Nearest Well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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): \_\_\_\_\_

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

Static Water Level: 10 feet [above or  below] land surface    Date measured: 7-9-13

(circle one)

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

Well depth: 110 Well grouted to a depth of: 10 feet    Type of grout (circle one): Neat Cement     Bentonite    Mix

Casing length: 70 feet    Casing diameter: 16 inches    Type of casing: PVC

Screen length: 40 feet    Screen diameter: 16 inches    Type of screen: PVC

Screen slot size: 0.50 inches    Setting depth: From 0 feet to 70 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

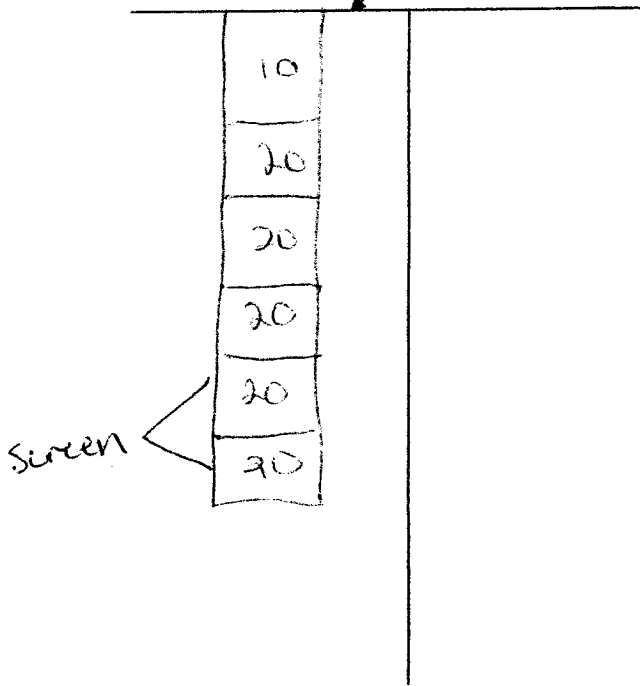
*If telescoped or more than one screen, describe on next page*

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JUL 31 2013  
BY: [Signature]

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



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)
limb	Ground Level	20
sand	20	40
gravel	40	60
gravel	60	80
gravel	80	100
gravel	100	110

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: Harris Sarah B

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. **RECEIVED**

Print Name of Responsible Licensee and License No. Joel Jumper 5317

Date 7-10-13

*(Signature)*  
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 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: KS2  
 Aquifer: \_\_\_\_\_

County: PANOLA  
 Permit #: GW-46894  
 Driller: JOEL JUMAR  
 Date completed: 7-8-13  
*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	Well Location
Owner Name: <u>MAURY HARRIS</u>	Latitude: <u>34° 23' 38.05"</u> Longitude: <u>90° 08' 27.3"</u>
Mailing Address: <u>3147 HOLLY GROVE RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SARDIS</u> <u>MS</u> <u>38126</u> City State Zip Code	<u>SW</u> 1/4 <u>SW</u> 1/4, Sec <u>10</u> T <u>08S</u> R <u>09W</u>
Telephone No. <u>(601) 487-2771</u>	<u>4</u> Miles <u>E</u> of <u>FALCON</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 7-12-13 Rated Pump Capacity: 3000 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: 70 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ 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: N/A Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

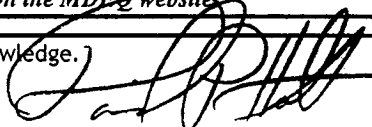
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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.*

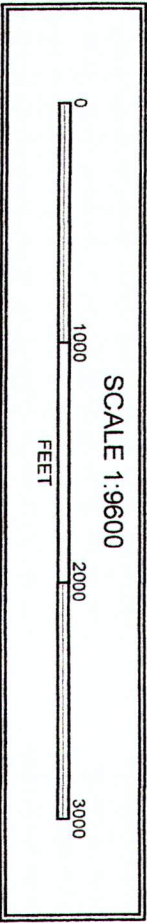
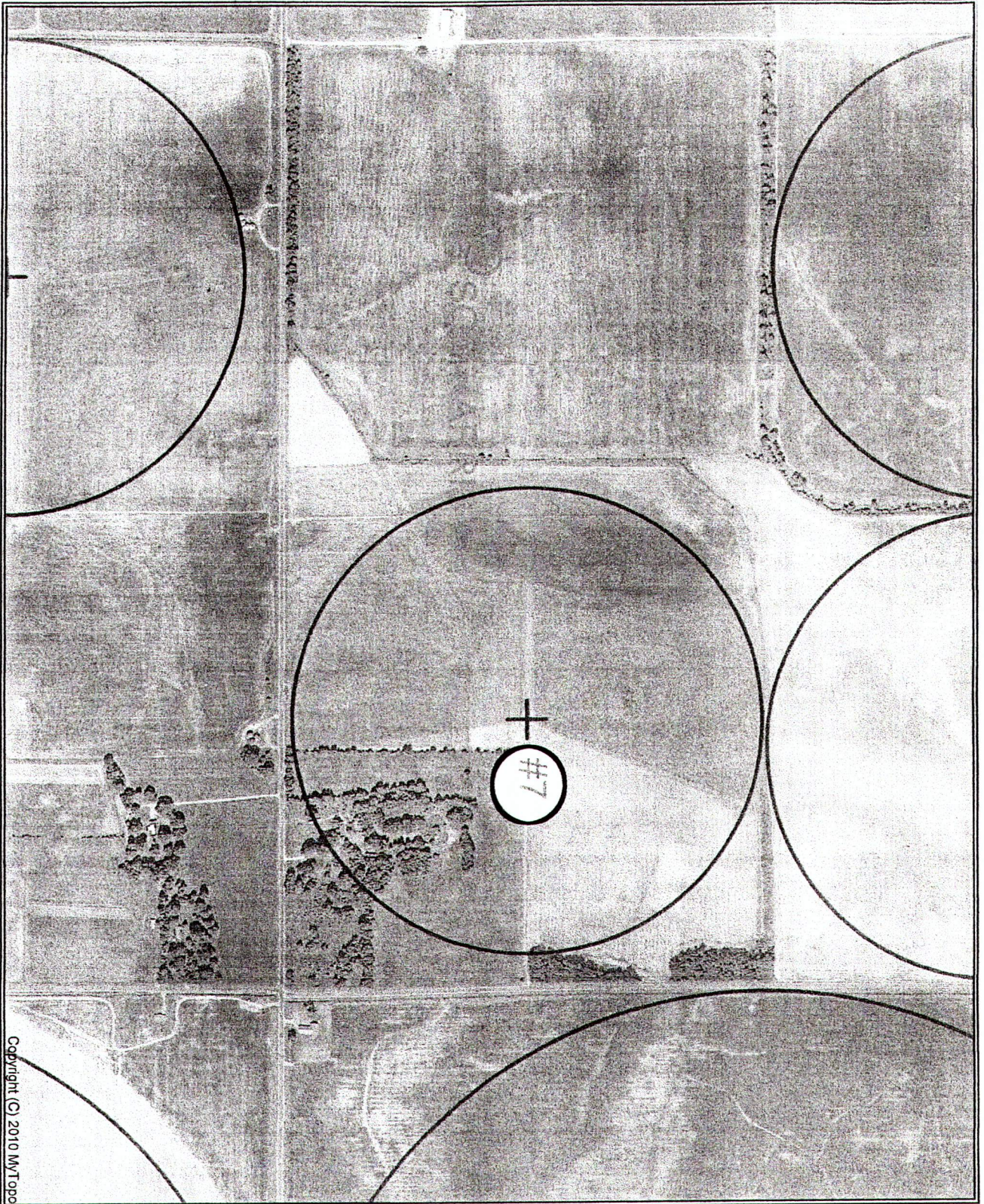
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT 0-752P 7-25-13   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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BY 

12/11/2



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