

# 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 #: C87  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Perry  
Permit #: \_\_\_\_\_  
Driller: David L. Cain  
Date drilling completed: 6-9-2017

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.

#2 Well

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Troy Thompson</u>	Latitude: <u>31° 25' 55"</u> Longitude: <u>88° 56' 27"</u>
Mailing Address: <u>171 Moscovcut Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Rehton MS 39476</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW NW</u> <u>N 1/4 1st 1/4 Sec 7<sup>6</sup> Twn 5N Rng 9W</u>
Telephone No. <u>(601) 788 4119</u>	Distance Direction Nearest Town <u>5 Miles North of Rehton MS</u>

**Well / Borehole Data**

Date drilling started: 6-1 Date drilling completed: 6-9 Hole depth: 380 Hole diameter: 4"

Location of the source of any surface water used for drilling: Comm. 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 (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*

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Purpose of Well (check one): Home \_\_\_\_\_ Industrial  Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 6-8-2017

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

Well depth: 380 Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 320 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 320 feet to 380 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: 300 feet. *If telescoped or more than one screen, describe on next page*

Southcoast MS Water Well Drilling  
#0-3831

Randall Cain  
6/27/2017

# 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 #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Perry  
 Permit #: \_\_\_\_\_  
 Driller: David H. Cain  
 Date completed: 6-9-2017  
 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 #2

Well Owner Information	Well Location
Owner Name: <u>Troy Thompson</u>	Latitude: <u>31° 25' 55"</u> Longitude: <u>88° 56' 27"</u>
Mailing Address: <u>171 Moser cut Rd,</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Richton Ms 39476</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 788 4119</u>	<u>N 1/4 W 1/4 Sec 7 T.5-N R 9-W</u>
	Distance Direction Nearest Town
	<u>5 Miles North of Richton MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>OLWR</u>
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>6-8-2017</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-8-2017</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of
Test Pumping Rate: <u>90</u> Gallons Per Minute	<u>40</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

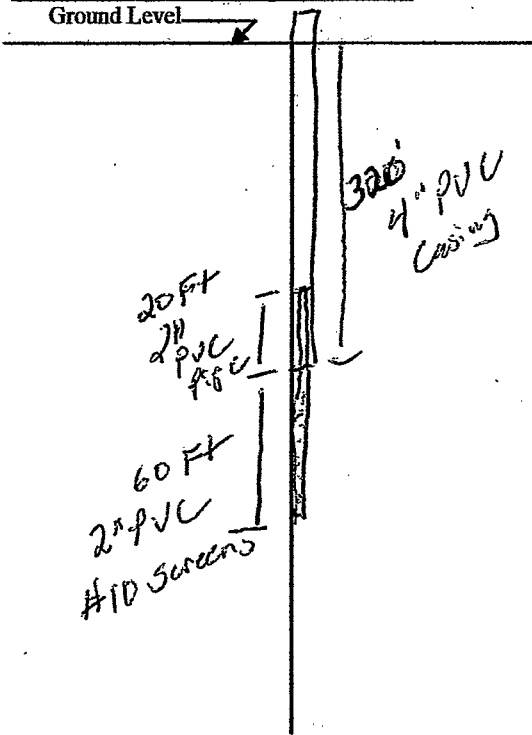
Southaven Ms Water Well Drilling      David H. Cain      6-27-2017  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

#03831

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

The sketch below only required for water wells

If well telescopes, show depths on sketch.



#2 Well

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)
Top Soil & Clay	Ground Level	10
Sand	10	30
Clay	30	100
Sand	100	115
Clay	115	310
Sand	310	380

If more than one screen, show location of each on sketch

Dwell

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.

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Landowner Name: Troy Thompson

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.

Southern MS Water Well Drilling 6-27-2017 [Signature]

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee