

P&A form attached

# 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)

County: Pike  
 Permit #: N/A  
 Driller: 0-808  
 Date drilling completed: 10-24-16

**For Office Use Only:**  
 Well #: B267  
 Aquifer: \_\_\_\_\_  
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Southwest Miss. Comm. College</u>	Latitude: <u>31° 17' 27"</u> Longitude: <u>90° 26' 28"</u>
Mailing Address: <u>1156 College Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Summit</u> <u>MS</u> <u>39666</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4</u> <u>NW 1/4</u> , Sec <u>30</u> T <u>4N</u> R <u>8E</u>
Telephone No. ( <u>601</u> ) <u>276-2000</u>	<u>1 1/2</u> Miles <u>NE</u> of <u>Summit</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**  
 Date drilling started: 10-19-16 Date drilling completed: 10-24-16 Hole depth: 114' Hole diameter: 7 7/8"  
 Location of the source of any surface water used for drilling: none  
 Method of dosing and volume of Chlorine used in drilling and development: public supply  
 Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): N/A  
 Purpose of borehole (circle one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
 Seismic Survey  other (describe) observation well  
*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) observation well P&A 10/31/16  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 48.2 feet [above or  below] land surface Date measured: 10-24-16  
 Method of measurement (circle one): Steel tape  Electric tape  Air line   other (describe) Sonic  
 Well depth: 110' Well grouted to a depth of: 10' feet Type of grout (circle one):  Heat Cement  Bentonite  Mix  
 Casing length: 90' feet Casing diameter: 4" inches Type of casing: PVC - sch 40  
 Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC - sch 40  
 Screen slot size: .016 inches Setting depth: From 90' feet to 110' 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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Form: OLWR-SWR-1A (4/13)

BY OLWR

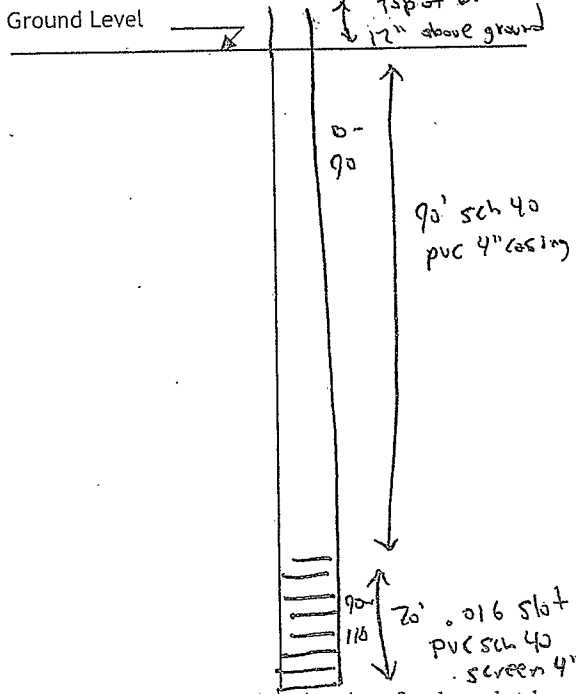
County: Pike  
 Permit #: N/A

**For Office Use Only:**  
 Well #: B267

The sketch below only required for water wells

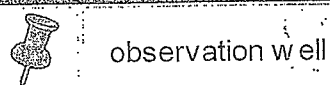
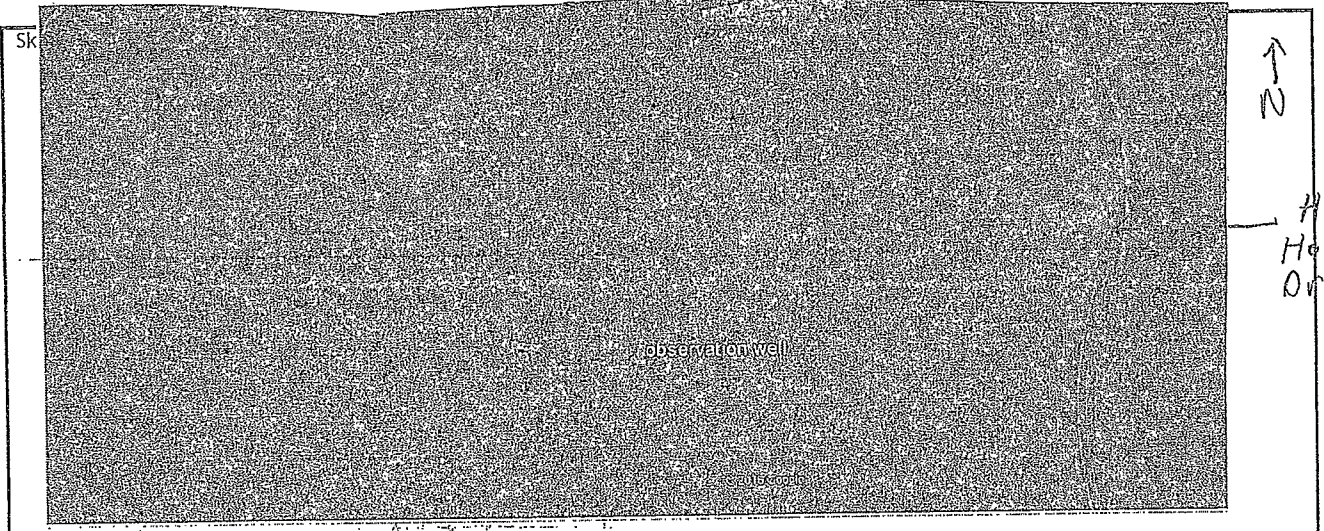
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Brown loam	Ground level	2
red clay	2	15
sand	15	50
course sand & pea gravel	50	110
white clay	110	114

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



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Landowner Name: Southwest Mississippi Comm. College

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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.

**BY OLWR**

Clinton Dunn    MS-0-808  
 Print Name of Responsible Licensee and License No.

11-4-16  
 Date

Clinton Dunn  
 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: Pike  
 Permit #: n/a  
 Driller: ms 0-808  
 Date completed: 10-24-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: B267  
 Aquifer: \_\_\_\_\_

*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>Southwest Miss. Comm. College</u>	Latitude: <u>31° 17' 27"</u> Longitude: <u>90° 26' 28"</u>
Mailing Address: <u>1156 College Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Summit</u> <u>ms</u> <u>39666</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>30</u> T <u>4N</u> R <u>8E</u>
City State Zip Code	<u>1 1/2</u> Miles <u>NE</u> of <u>Summit</u>
Telephone No. (601) <u>276-2000</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 10-24-16 Rated Pump Capacity: 12.5 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: 1/2 Setting Depth: 80 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-24-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 48.2 Feet Below Land Surface Pumping Water Level (B): 49 Feet Below Land Surface

Drawdown [(B) - (A)]: .8 Feet Below Land Surface Test Pumping Rate: 12.5 Gallons Per Minute

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

**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.

Clinton Dunn 11-4-16 Clinton Dunn **RECEIVED**

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A-4-13  
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**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
 Office of Land and Water Resources  
 P. O. Box 2309  
 Jackson, MS 39225  
 Water Well Plugging/Decommissioning Form  
 OLWR-DF-1 (04/08)

COUNTY WELL LOCATED: <u>Pike</u>		WELL NUMBER: <u>n/A B267</u>	
PERMIT NUMBER: <u>n/A</u>		DATE WELL PLUGGED: <u>10-31-16</u>	
NAME OF FIRM PLUGGING WELL: <u>Smcc well construction</u>		TELEPHONE NUMBER: <u>601-776-3738</u>	
NAME AND ADDRESS OF CURRENT LANDOWNER: <u>Southwest miss. Comm. College</u> <u>1156 College Drive Summit, MS 39666</u>			
WELL LOCATION:	SECTION:	TOWNSHIP:	RANGE:
WELL LOCATION: LATITUDE: <u>31° 17' 27"</u>	LONGITUDE: <u>90° 26' 28"</u>	METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY <input checked="" type="radio"/> (3) GPS - HAND HELD OR SURVEY GRADE	
DISTANCE: <u>1 1/2</u>	DIRECTION: <u>NE</u>	NEAREST TOWN: <u>Summit</u>	OTHER LANDMARK:
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.): <u>observation</u>			
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL: <u>smcc well construction</u>			
NAME OF LANDOWNER WHEN WELL WAS DRILLED: <u>Southwest miss. Comm. College</u>			

WELL DATA			
WELL DEPTH: <u>110'</u>		HOLE DEPTH: <u>110'</u>	
CASING DIAMETER (IN.): <u>4</u>	CASING LENGTH (FT.): <u>90' casing</u>	TYPE OF CASING: <u>sch 40 PVC</u>	
DEPTH TO STATIC WATER LEVEL: <u>48.2'</u>		DATE WELL COMPLETED: <u>10-24-16</u>	
WHY IS THE WELL BEING ABANDONED? <u>no longer needed</u>			

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)

- trimmie piped 12 sacks of neat cement slurry from T.D to surface

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.

Clinton Dunn MS 0-808

PRINT NAME MS LICENSE NUMBER

Clinton Dunn 11-4-16

SIGNATURE DATE

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