

# 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 #: J 169  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 8-19-15

*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>Tyler Bacot</u>	Latitude: <u>31° 05.487</u> Longitude: <u>090° 16.192</u>
Mailing Address: _____ <u>8125 Silver Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tylertown</u> <u>MS</u> <u>39667</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>35</u> T <u>2N</u> R <u>9E</u>
Telephone No. <u>(601) 876-1995</u>	<u>15</u> Miles <u>W</u> of <u>Tylertown</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8-19-15</u> Date drilling completed: <u>8-19-15</u> Hole depth: <u>90</u> Hole diameter: <u>7 1/2"</u>
Location of the source of any surface water used for drilling: <u>running creek</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u>
Logs run (circle all applicable): No <input checked="" type="checkbox"/> log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well 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 (circle all applicable): <input checked="" type="checkbox"/> Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>40</u> feet (above or <input checked="" type="checkbox"/> below) land surface Date measured: <u>8-19-15</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape Electric tape Air line Other (describe): _____
Well depth: <u>90</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement Bentonite Mix
Casing length: <u>70</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>.008</u> inches Setting depth: From <u>70</u> feet to <u>90</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> 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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# 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 #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 8-19-15  
Copy information from block on Part 1

**For Office Use Only:**

Well #: J169  
 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>Tyler Bacat</u>	Latitude: <u>31°05.487</u> Longitude: <u>090°16.192</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>8125 Silver Drive</u>	_____ ¼ _____ ¼, Sec. <u>35</u> T <u>2N</u> R <u>9E</u>
<u>Tylertown MS 39667</u>	<u>15</u> Miles <u>W</u> of <u>Tylertown</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 876-1995</u>	

**Pump Type (circle one)**

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

Date Pump Installed: 8-19-15 Rated Pump Capacity: 12 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 Setting Depth: 600 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-19-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 47.20 Feet Below Land Surface Test Pumping Rate: 17 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: \_\_\_\_\_ 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

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*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.

James M. Wells 00005889 9-28-15 James M. Wells  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer