

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: 5186
Aquifer: _____
E-Log #: _____

County: Pike
Permit #: N/A
Driller: MS 0-808
Date drilling completed: 2-28-20

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	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: <u>31° 9' 46.27"</u> Longitude: <u>90° 16' 47.97"</u>
Owner Name: <u>Pike County Board of Supervisors</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Mailing Address: <u>P.O. Box 431</u>	<u>SE</u> 1/4 <u>SE</u> 1/4, Sec <u>3</u> T <u>2N</u> R <u>9E</u>
<u>magnolia</u> <u>MS</u> <u>39652</u>	<u>11.7</u> Miles <u>SE</u> of <u>McComb, MS</u>
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 783-6569</u>	

Well / Borehole Data
Date drilling started: <u>2/17/20</u> Date drilling completed: <u>2/28/20</u> Hole depth: <u>134</u> Hole diameter: <u>9 7/8"</u>
Location of the source of any surface water used for drilling: <u>none</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>public water supply</u>
Logs run (check all applicable): <input checked="" type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): <u>N/A</u>
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>Casing above water level</u>
Static Water Level: <u>4</u> feet <input checked="" type="checkbox"/> (above) or <input type="checkbox"/> below land surface Date measured: <u>2/28/20</u>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input checked="" type="checkbox"/> Other (describe): <u>Sonic</u>
Well depth: <u>130</u> Well grouted to a depth of: <u>75</u> feet Type of grout (check one) <input checked="" type="checkbox"/> neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>110</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Sch 40 PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>Sch 40 PVC slot</u>
Screen slot size: <u>.012</u> inches Setting depth: From <u>110</u> feet to <u>130</u> feet
Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>N/A</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

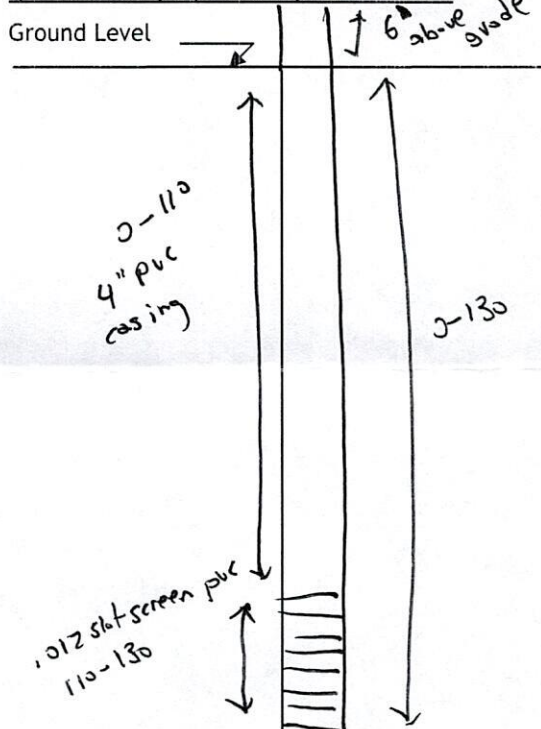
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MAR 09 2020
OLWR

Permit #: N/A**For Office Use Only:**

Well #:

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

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

[illegible]

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) north arrow

see attached map

Landowner Name: Pike County Board of Supervisors

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.

Clinton Dunn ms-o-808

3/3/20

Chas. D. Dyer

Print Name of Responsible Licensee and License No.

Date _____

Signature of Licensee

Form: OLWR-SWR-1B (4/13)

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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)

For Office Use Only:

Well #: 5186

Aquifer: _____

County: Pike
Permit #: n/A
Driller: ms 0-808
Date completed: 2-28-20
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>Pike County Board of Supervisors</u>		Latitude: <u>31° 9' 46.27"</u> Longitude: <u>90° 16' 47.97"</u>	
Mailing Address: <u>P.O. Box 431</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>magnolia</u> City	<u>ms.</u> State	<u>39652</u> Zip Code	_____ 1/4 _____ 1/4, Sec. _____ T _____ R
Telephone No. <u>(601) 783-6569</u>		<u>11.7</u> Miles <u>SE</u> of <u>McCumb, MS.</u> (Distance) (Direction) (Nearest Town)	

Pump Type (check one)	
Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____	
Date Pump Installed: <u>3-2-20</u>	Rated Pump Capacity: <u>25</u> Gallons Per Minute
Is This Pump (check one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (check one)	
Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____	
Horse Power Rating of Motor: <u>1.5</u>	Setting Depth: <u>50</u> feet Number of Stages: <u>9</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>3-2-20</u>	Duration of Pump Test (minimum 4 hours): <u>4</u> hours
Static Water Level (A): <u>4 above</u> Feet Land Surface	Pumping Water Level (B): <u>1</u> Feet <u>Below</u> Land Surface
Drawdown [(B) - (A)]: <u>5'</u> Feet Below Land Surface	Test Pumping Rate: <u>44</u> Gallons Per Minute
Method of measurement (check one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Sonic</u>	

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 (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	


I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Clinton Dunn</u>	<u>ms-0-808</u>	<u>3-3-20</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer


Untitled Map

Write a description for your map.

5186
Pike

Legend

 Bogue Chitto Water Park

 WaterPark well

Google Earth

© 2020 Google

WaterPark well

Dogwood Trail



600 ft