

# 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)

County: Pike  
Permit #: 0-586  
Driller: JAMES WELLS  
Date drilling completed: 8-24-10

For Office Use Only:  
Aquifer: K 165  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Lorraine White</u>	Latitude: <u>31° 04' 04"</u> Longitude: <u>90° 30' 29"</u>
Mailing Address: <u>1066 Nolan Folders Rd</u> <u>504 451 7816</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>9</u> Twn <u>14</u> Rng <u>7E</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>N 100° W</u> Nearest Town <u>OSI/FA</u>

**Well / Borehole Data**

Date drilling started: 8-24-10 Date drilling completed: 8-24-10 Hole depth: 180 Hole diameter: 7

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

Method of dosing and volume of Chlorine used in drilling and development: 2 Lb Shock

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*

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

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 8-24-10

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

Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 160 feet to 180 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

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

RECEIVED  
SEP 13 2010  
BY: OLWR

K165

If all telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	60
Sand	60	100
Clay	100	120
Sand	120	180

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) indicate direction.

Landowner Name: \_\_\_\_\_

James Wells  
Signature of Water Well Contractor

RECEIVED  
SEP 13 2013  
BY: OLWP

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: K165  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Yalobusha  
 Permit #: \_\_\_\_\_  
 Driller: JAMES WELLS  
 Date completed: 8-24-10

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Loraine White</u> Mailing Address: <u>1066 Nakan Felder Rd</u> _____ _____ City State Zip Code Telephone No. ( <u>504</u> ) <u>451 7816</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>9</u> Twn <u>14</u> Rng <u>7E</u> Distance Direction Nearest Town <u>5</u> Miles <u>North</u> of <u>Osyka</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <del>Submersible</del> <input checked="" type="checkbox"/> Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>8-24-10</u> Rated Pump Capacity: _____ <u>15</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <del>Electric Motor</del> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ <u>1</u> Setting Depth: _____ <u>140</u> feet Number of Stages: _____ <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-24-10</u> Static Water Level (A): _____ <u>90</u> Feet Below Land Surface Pumping Water Level (B): _____ <u>140</u> Feet Below Land Surface Drawdown [(B) - (A)]: _____ <u>100</u> Feet Below Land Surface Test Pumping Rate: _____ <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ <u>4</u> hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ <u>15</u> GPM with a drawdown of _____ <u>90</u> feet after _____ <u>4</u> hours of pumping

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

JAMES WELLS 0-586  
 Print Name of Pump Installer and License No. (if applicable)

James Wells  
 Signature of Pump Installer

RECEIVED  
 SEP 13 2010  
 BY: OLWR