

# 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 #: \_\_\_\_\_  
Aquifer: M154  
E-Log #: \_\_\_\_\_

County: Pike  
Permit #: \_\_\_\_\_  
Driller: Willie Jordan  
Date drilling completed: 4/10/13

*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>Rickie FAVES</u>	Latitude: <del>30 57 21 N</del> Longitude: <del>90 21 26 W</del> <u>31 00 38 N</u> <u>90 19 08 W</u>
Mailing Address: <u>1174 Shady Grove Rd</u> <u>Osyka, Miss.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>NW</u> ¼, Sec <u>32</u> T <u>1 N</u> R <u>9 E</u>
Telephone No. (____) _____	<u>.5</u> Miles <u>E</u> of <u>Osyka, Miss.</u> (Distance)      (Direction)      (Nearest Town)

Well / Borehole Data
Date drilling started: <u>4/10/13</u> Date drilling completed: <u>4/10/13</u> Hole depth: <u>155</u> Hole diameter: <u>2 1/2"</u>
Location of the source of any surface water used for drilling: <u>POTABLE WATER</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <input checked="" type="checkbox"/> No 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): _____
Purpose of borehole (circle 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 (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input 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) _____
Static Water Level: <u>90</u> feet [above or <input checked="" type="checkbox"/> below] land surface    Date measured: <u>4/10/13</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line    Other (describe): _____
Well depth: <u>155</u> Well grouted to a depth of: <u>10</u> feet    Type of grout (circle one): Neat Cement    Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>145</u> feet    Casing diameter: <u>4</u> inches    Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet    Screen diameter: <u>4</u> inches    Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches    Setting depth: From <u>145</u> feet to <u>155</u> feet
Type of completion (circle all applicable): Gravel packed    Underreamed    Open hole <input checked="" type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

*If telescoped or more than one screen, describe on next page*

**RECEIVED**

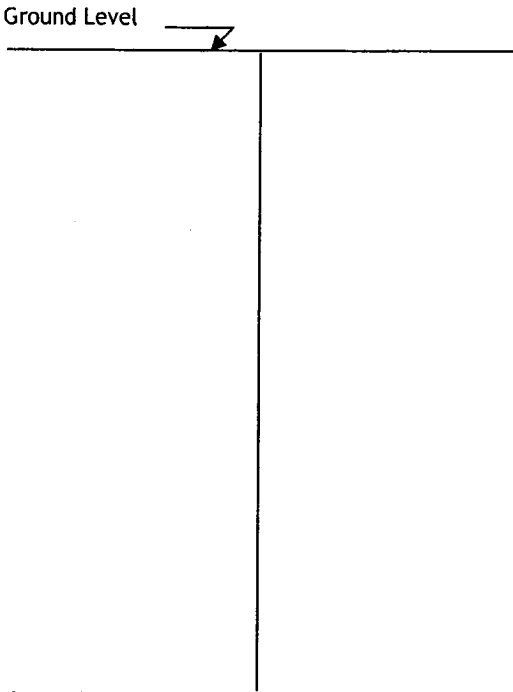
APR 30 2013

**BY: OLWR**

County: Pike  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: M154

The sketch below only required for water wells  
If well telescopes, show depths on sketch.



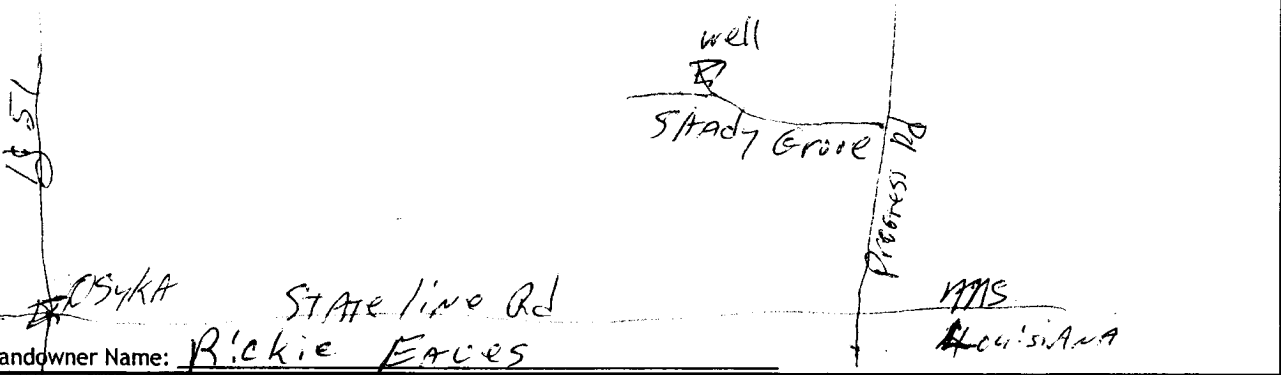
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top Soil	0	1
Sandy Clay Gravel	1	90
Clay	90	110
SAND	110	155

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) north arrow



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.

Willie Jordan 0-508 4-10-13  
 Print Name of Responsible Licensee and License No.      Date

[Signature]  
 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)

**For Office Use Only:**

Well #: M154

Aquifer: \_\_\_\_\_

County: Pike  
 Permit #: \_\_\_\_\_  
 Driller: Willie Jordan  
 Date completed: 4/10/13  
*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>Rickie Eaves</u>	Latitude: <u>30 57 21 N</u> Longitude: <u>90 21 26 W</u>
Mailing Address: <u>1174 Shady Grove Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Osyka, MS</u>	_____ 1/4 _____ 1/4, Sec <u>32</u> T. <u>1 N</u> R. <u>9 E</u>
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>E</u> of <u>Osyka, MS</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4/10/13    Rated Pump Capacity: 10 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: 140 feet    Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4/10/13    Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 90 Feet Below Land Surface    Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface    Test Pumping Rate: 10 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: \_\_\_\_\_

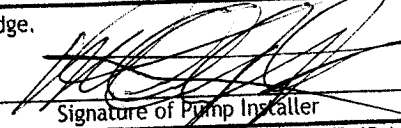
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_    Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New     Repaired     Replacement

*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.

Willie Jordan 0-508    4/10/13    

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

Form: OLWR-SWR-1B (4/13)  
**RECEIVED**  
 APR 30 2013  
 BY: OLWR