

# 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 #: \_\_\_\_\_  
Driller: GREEN WATER WELL & SUPPLY, INC.  
Date drilling completed: 8-19-15

**For Office Use Only:**  
Well #: M161  
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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Van Hurst Sr.</u> Mailing Address: <u>1020 Rayborn Rd.</u> City _____ State _____ Zip Code _____ Telephone No. <u>(601) 542-0045</u>	Well or Borehole Location <u>90 19 52</u> Latitude: <u>31° 3.488</u> Longitude: <u>90° 19.874</u> Method of Lat./Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>SE NE</u> <u>SE NE</u> <u>618</u> <u>T IN R 9E</u> <u>1</u> Miles <u>N</u> of <u>Progress</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**  
Date drilling started: 8-19-15 Date drilling completed: 8-19-15 Hole depth: 145 Hole diameter: 7  
Location of the source of any surface water used for drilling: \_\_\_\_\_  
Method of dosing and volume of Chlorine used in drilling and development: mud pie to gravel pack  
Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_  
Purpose of borehole (circle 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 (circle all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
Other (describe): \_\_\_\_\_  
If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 94 feet [above or  below] land surface Date measured: 8-19-15  
(circle one)  
Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe) \_\_\_\_\_  
Well depth: 141 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix  
Casing length: 131 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 131 feet to 141 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*

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

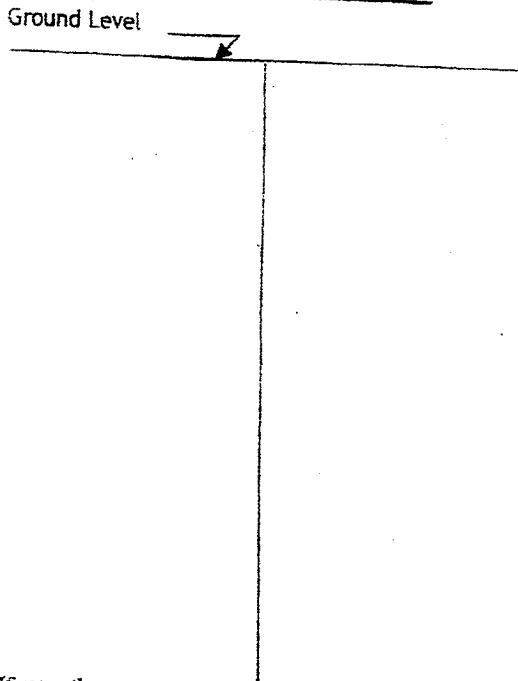
SEP 03 2015

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

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



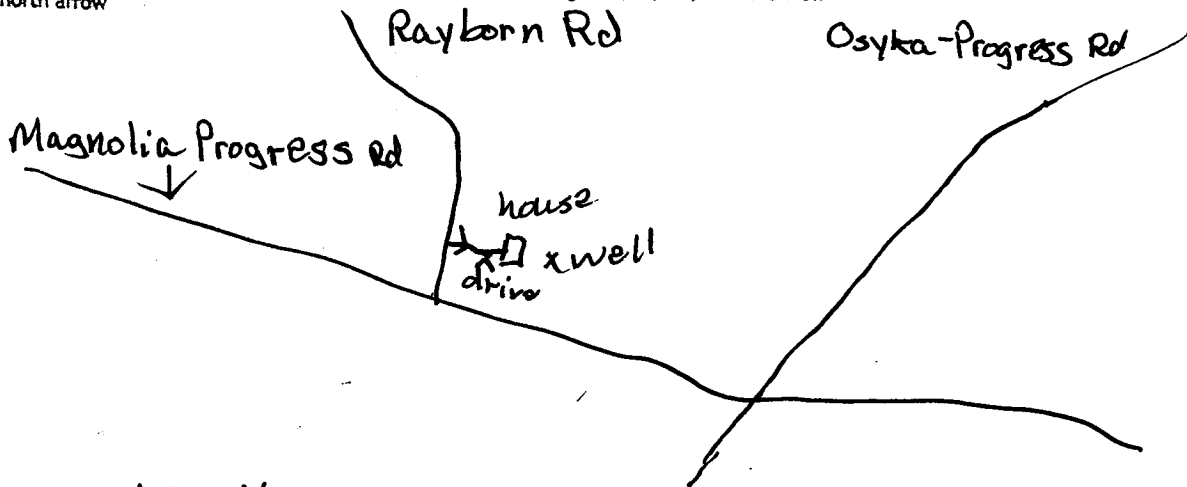
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
red clay	Ground level	22
sand	22	52
streaky	52	95
gravel	95	141
red clay	141	145

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



Landowner Name: Van Hurst Sr.

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.

BRIAN D. McCLENDON UNR-00000664  
 Print Name of Responsible Licensee and License No.

8-19-15  
 Date

Brian McCleendon  
 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 #: \_\_\_\_\_  
Driller: GREENN WATER WELL & SUPPLY, INC.  
Date completed: 8-19-15  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: M161  
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>VAN HURST SR</u>	Latitude: <u>31° 34' 29"</u>	Longitude: <u>90° 19' 32"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____	
<u>1020 Baborn Rd.</u>	USGS quad _____, Hand-held GPS <u>K</u> , Survey-grade GPS _____	
<u>Magnolia MS</u>	<u>SE 1/4 SE 1/4, Sec 6 T 1N R 9E</u>	
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>N</u> of <u>PROGRESS</u>	
Telephone No. <u>(601) 542-0045</u>	(Distance) (Direction) (Nearest Town)	

**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: 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: 3/4    Setting Depth: 120 feet    Number of Stages: 12

**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): 94 Feet Below Land Surface    Pumping Water Level (B): 101 Feet Below Land Surface

Drawdown [(B) - (A)]: 7 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.

MICHAEL W. KEES    RPO-00000801    8-19-15    Michael W. Kees

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