

# State Well Report

## Part I - 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 056  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: GW 49401  
Driller: TEDDY Coats  
Date drilling completed: 5/20/16

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)

Owner Name: MILLS, T, R

Mailing Address: \_\_\_\_\_

PO Box 802  
Sledge MS, 38670  
City State Zip Code

Telephone No. (\_\_\_\_) \_\_\_\_\_

### Well or Borehole Location

Latitude: 34° 20' 57" Longitude: 90° 20' 51"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad: Hand-held GPS, Survey-grade GPS

SE 1/4 SE 1/4 Sec 25 Twn 29N Rng 02W

Distance Direction Nearest Town  
1 1/2 Miles W of Darlin

### Well / Borehole Data

Date drilling started: 5/20/16 Date drilling completed: 5/20/16 Hole depth: 110 Hole diameter: 28

Location of the source of any surface water used for drilling: Nearest well  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 2 feet above or below (circle one) land surface Date measured: 5/20/16

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C

Screen slot size: 050 inches Setting depth: From 0 feet to 70 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

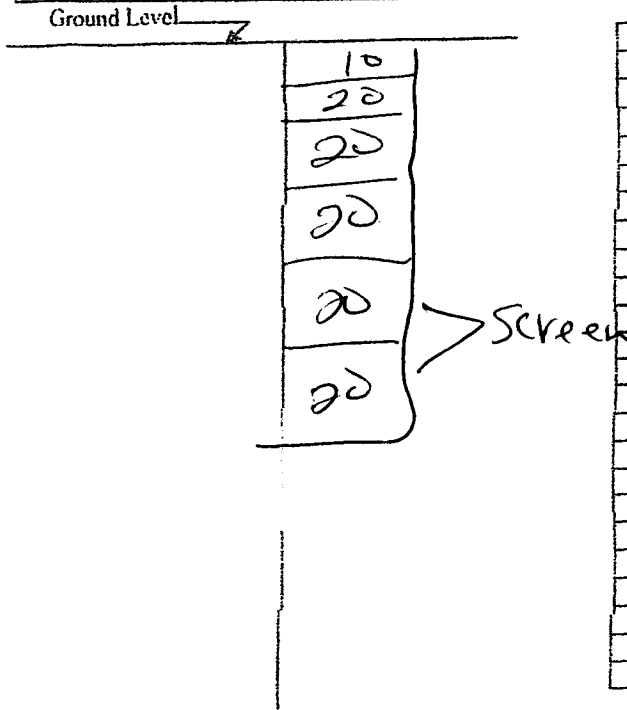
JUL 07 2016

By OLWR

B54

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)
	Ground Level	20
Dir	20	40
Dir	40	60
Sand	60	80
Coars Sand	80	100
Gravel	100	110
Gravel		

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) a north arrow.

Landowner Name: MILLS, T. R

Form: OI.WR-SWR-1A (04/08)

I 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.

Print Name of Responsible Licensee and License No. TERRY LOOTS #5318 Date 5/20/16

Signature of Licensee Terry Loots **Received**

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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 #: \_\_\_\_\_

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

County: QUITMAN  
Permit #: GW-49401  
Driller: JOLTED WELL SERVICE  
Date completed: 5-20-16  
*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>MIKE MILLS</u>	Latitude: <u>34° 20' 57"</u> Longitude: <u>90° 20' 51"</u>
Mailing Address: <u>752 WALNUT ST</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>MARKS</u> <u>MS</u> <u>38646</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>25</u> T <u>29N</u> R <u>02W</u>
City State Zip Code	<u>4.1</u> Miles <u>W</u> of <u>DARLING</u>
Telephone No. <u>(662) 440-0241</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 6-21-16 Rated Pump Capacity: 3000 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: 80 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ 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: McCrometer Meter Serial Number: 16-07654

Meter Model Number/Name: M0310 Type of Meter: GROUNDPWATER

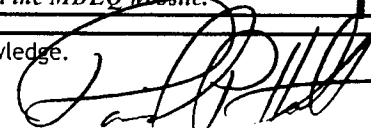
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: 5/16/16 Meter installed by: CIRCLE S IRRIGATION

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.

DAVID P. HOLT 0-752P 7-5-16 

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

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