

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: BS9  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Quitman  
Permit #: GW 49997 ✓  
Driller: Chad Mattox  
Date drilling completed: 6/29/17

*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>Tommy Mills</u>	Latitude: <u>34 21 11</u> Longitude: <u>90 21 38</u>
Mailing Address: <u>PO Box 330</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Markus</u> <u>MS</u> <u>38646</u>	USGS quad _____, <u>SWNE</u> <u>SW</u> <u>25</u> <u>T 29 N</u> <u>R 02 W</u>
City State Zip Code	<u>1</u> Miles <u>W</u> of <u>Birdie</u>
Telephone No. <u>(662) 902-4026</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 6/29/17 Date drilling completed: 6/29/17 Hole depth: 108 Hole diameter: 24"

Location of the source of any surface water used for drilling: \_\_\_\_\_

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 (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: 39 feet [above or below] land surface Date measured: 6/29/17  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): **RECEIVED**

Well depth: 108 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
AUG 07 2017

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 46 feet Screen diameter: 16 inches Type of screen: BYV @ LWR

Screen slot size: .050 inches Setting depth: From 68 feet to 108 feet

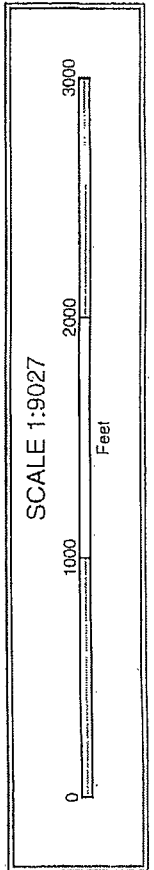
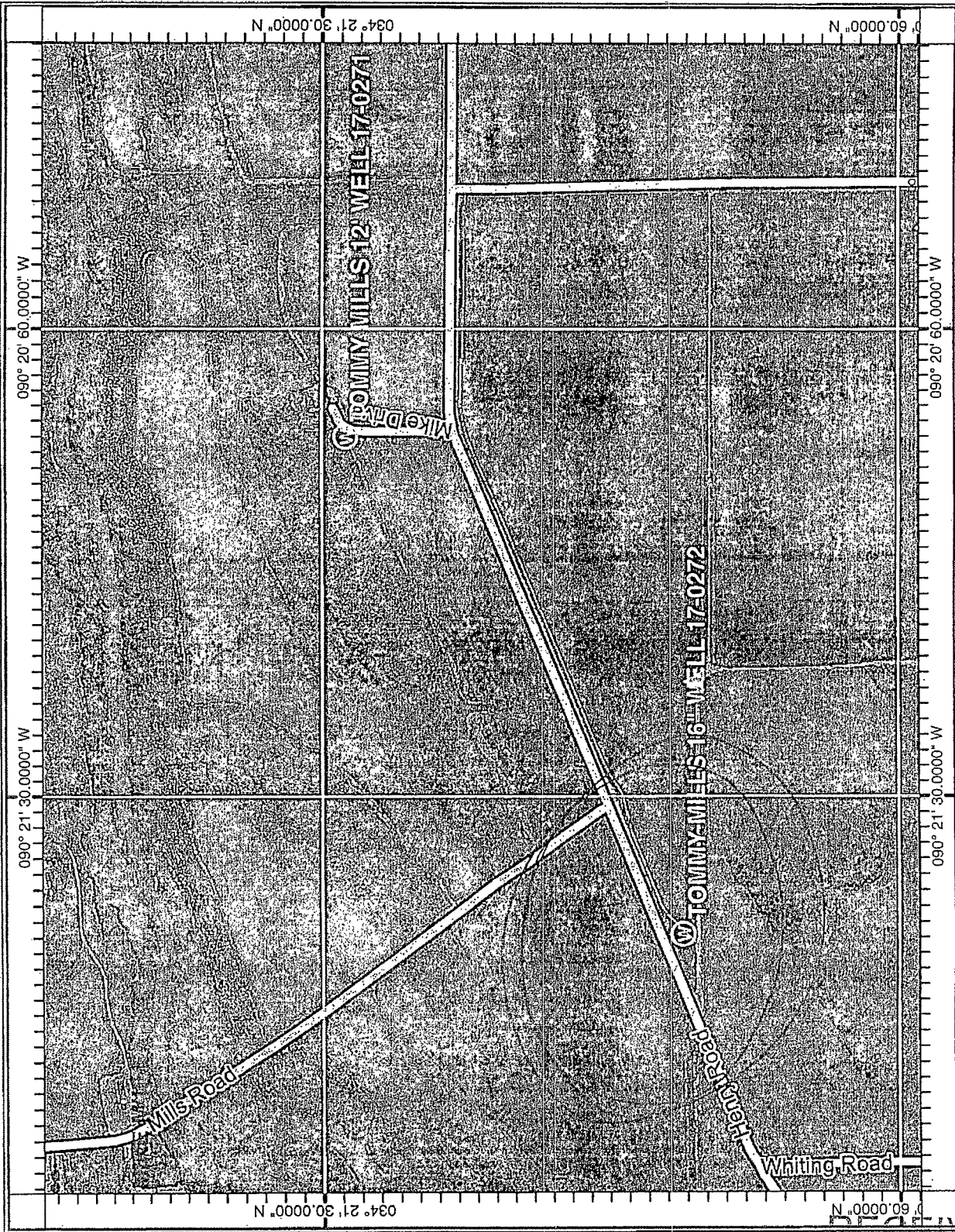
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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





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BY OLWR

# 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 #: BS9  
 Aquifer: \_\_\_\_\_

County: QUILTMAN  
 Permit #: GW-49997  
 Driller: CHAO MATTOX  
 Date completed: 6-29-17  
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>Tommy Mells</u>	Latitude: <u>34° 21' 11"</u> Longitude: <u>90° 21' 38"</u>
Mailing Address: <u>P.O. Box 330</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>SWNE</u> <u>SW</u> <u>1/4</u> , Sec <u>25</u> T <u>29N</u> R <u>02W</u>
City State Zip Code	<u>3.6</u> Miles <u>NW</u> of <u>POSEY MOUND</u>
Telephone No: <u>(662) 902-4026</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 7-10-17 Rated Pump Capacity: 1600 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: 40 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 39 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: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: RECEIVED

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

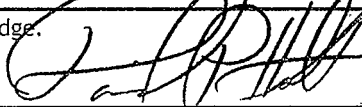
Installation Date: \_\_\_\_\_ Meter installed by: AUG 07 2017

Is This Meter (circle one): New Repaired Replacement

**BY OLWR**

*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 8-4-17 

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

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