

# 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 #: D 40  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: GLW-48810  
Driller: Joel Jumper  
Date drilling completed: 4-20-15

**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>Rainey Tui Furr</u>	Latitude: <u>34° 15' 23"</u> Longitude: <u>90° 24' 13"</u>
Mailing Address: <u>123 MC Daniel</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Green</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Greenville</u> <u>29601</u>	<u>SE</u> <u>NE</u> <u>11E</u> <u>11W</u> Sec <u>32</u> Twn <u>28</u> Rng <u>02W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3</u> Miles <u>E</u> of <u>Jaystown</u>
Well / Borehole Data	
Date drilling started: <u>4-20-15</u> Date drilling completed: <u>4-20-15</u> Hole depth: <u>110</u> Hole diameter: <u>28in</u>	
Location of the source of any surface water used for drilling: <u>Nearest Well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25</u> feet above or below (circle one) land surface Date measured: <u>4-20-15</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>	

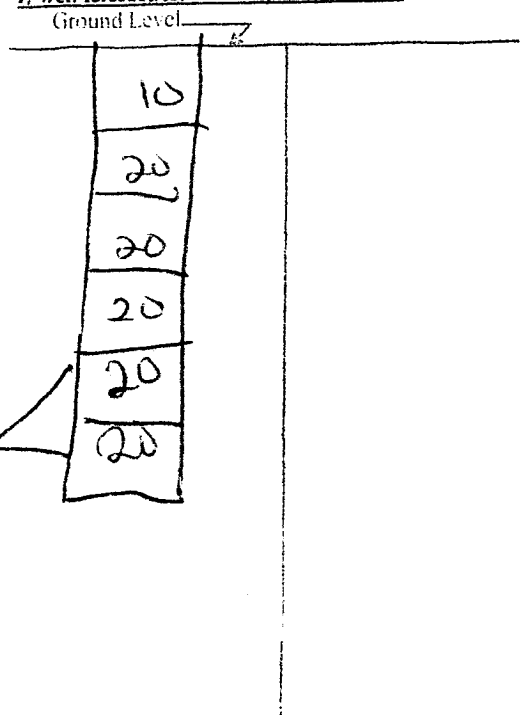
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3/24/15  
OLWR

D40

The sketch below only required for water wells

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

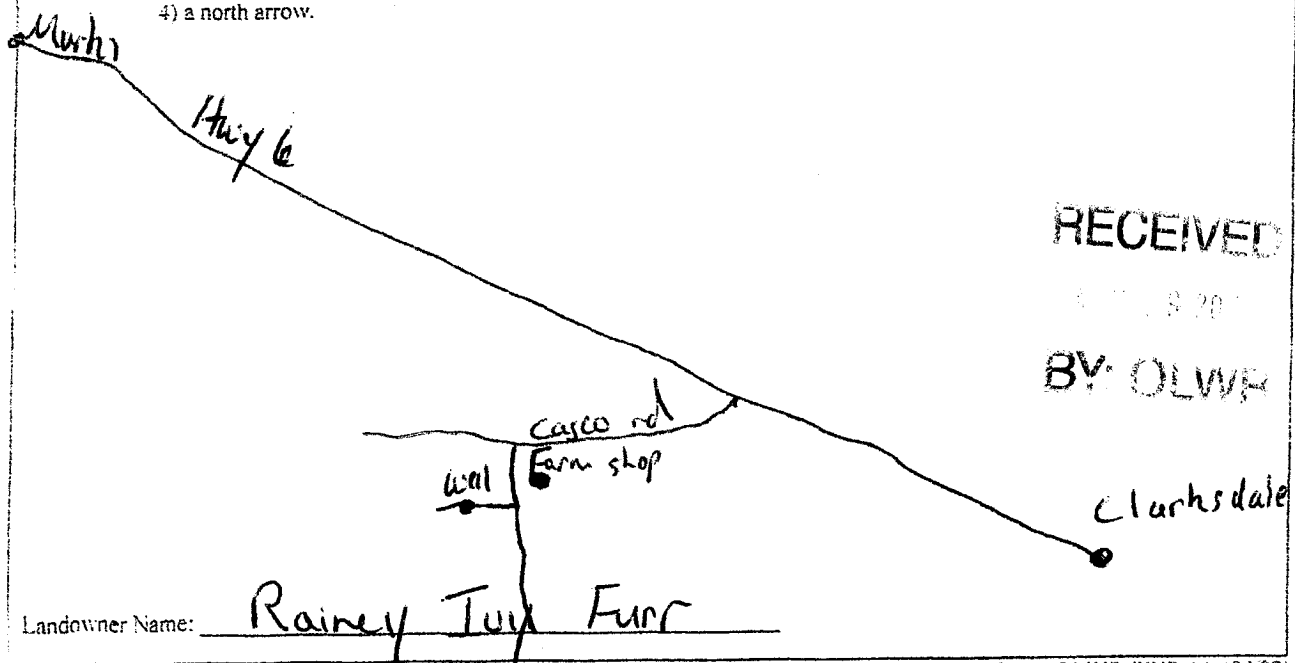
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
60' sand	Ground Level	20
sand	20	40
sand	40	60
Coarse sand	60	80
gravel	80	100
gravel & sand	100	110

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.



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.      Date

Joel Jumper    5317    4-20-15

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: QUITMAN  
 Permit #: GW-48810  
 Driller: JOEL JUMPER  
 Date completed: 4-20-15  
Copy information from block on Part 1

**For Office Use Only:**

Well #: D40  
 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>IUV FURR RAINEY</u>	Latitude: <u>34° 15' 39"</u> Longitude: <u>90° 25' 29"</u>
Mailing Address: <u>123 Mc DANIEL GREENE</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>GREENVILLE</u> City <u>SC</u> State <u>29601</u> Zip Code	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>32</u> T <u>28N</u> R <u>2W</u>
Telephone No. <u>(864) 232-0738</u>	<u>4</u> Miles <u>W</u> of <u>PELEN</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4-21-15      Rated Pump Capacity: 2200 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: 60      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): \_\_\_\_\_ 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: \_\_\_\_\_

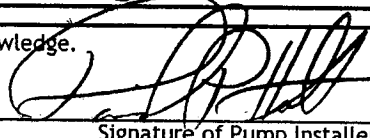
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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.

DAVID P. HOLT 0-752P      5-4-15      

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

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 MAY 07 2015  
**BY: OLWR**

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