

# 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 #: 597  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: GW-49541  
Driller: Jeb Jumper  
Date drilling completed: 6-16-16

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)	Well or Borehole Location
Owner Name: <u>Cameans Property LLC</u>	Latitude: <u>34° 13' 58" N</u> Longitude: <u>90° 13' 8" W</u>
Mailing Address: <u>2104 Harris Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxford</u> <u>Ms</u> <u>38655</u>	<u>SE 1/4 SW 1/4 Sec 05 Twn 27N Rng 01E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>2</u> Miles <u>SE</u> of <u>Mark's</u>

**Well / Borehole Data**

Date drilling started: 6-16-16 Date drilling completed: 6-16-16 Hole depth: 105 Hole diameter: 28 in

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: 10 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 105 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: 0.50 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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)

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JUL 07 2016

By OLWR

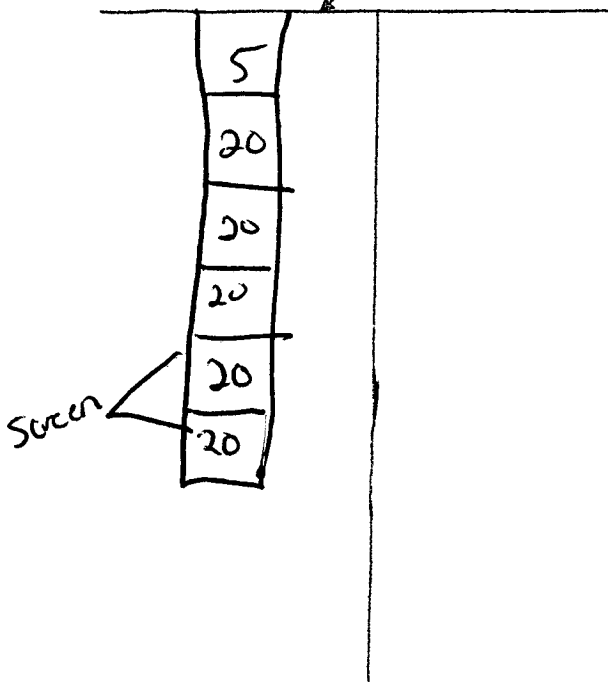
J97

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

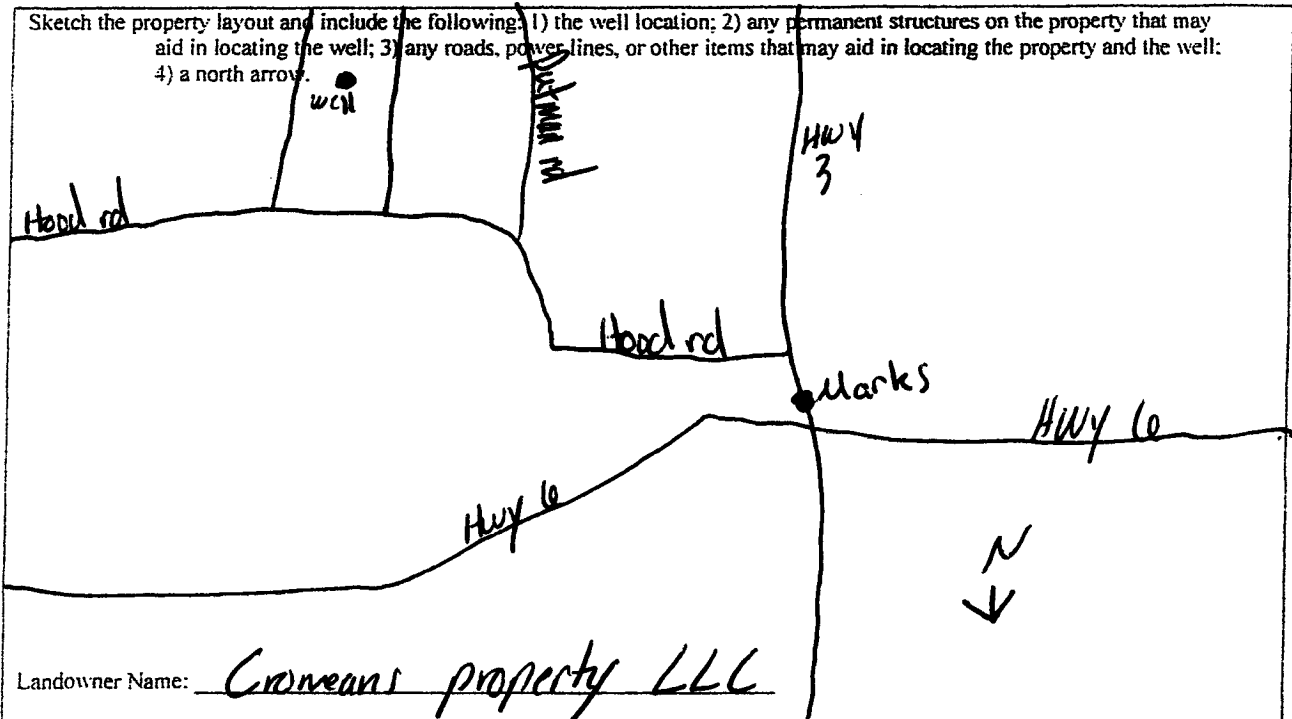
If well telescopes, show depths on sketch.

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
Gumbo	Ground Level	20
Sand	20	40
Coarse sand	40	60
gravel + sand	60	80
gravel	80	100
gravel	100	105

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: Craweans property LLC

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. Joel Jumper 5317 Date 6-16-16

Signature of Licensee [Signature]

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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)

County: <u>Quitman</u>
Permit #: <u>GW-49541</u>
Driller: <u>Joel Jumper</u>
Date completed: <u>6-16-16</u>
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>
Well #: <u>JA7</u>
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>Cromens Property LLC</u>	Latitude: <u>34-13-58</u> Longitude: <u>90-13-8</u>
Mailing Address: <u>2104 Harris Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Oxford</u> <u>Ms</u> <u>38655</u>	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>05</u> T <u>27N</u> R <u>01E</u>
City State Zip Code	<u>2</u> Miles <u>SE</u> of <u>Mark's</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: 6-16-16 Rated Pump Capacity: 3,000 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: 50 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-16-16 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 8 Feet Below Land Surface Pumping Water Level (B): 28 Feet Below Land Surface

Drawdown [(B) - (A)]: 28 Feet Below Land Surface Test Pumping Rate: 3,000 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 3,000 GPM with a drawdown of 28 feet after 8 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.

Joel Jumper 5317 6-16-16 Paul G...

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

Received

JUN 19 7 2016

By OLWR