

# 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)

County: Quitman  
Permit #: GW-48587  
Driller: Jeb Jumper  
Date drilling completed: 12-6-14

For Office Use Only:  
Aquifer: K117  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Talley Land Management</u>	Latitude: <u>34° 4' 48"</u> Longitude: <u>90° 20' 46"</u>
Mailing Address: <u>489 Highway 3</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Tutwiler Ms 38903</u> City State Zip Code	USGS quad, <u>NE 1/4 SE 1/4 Sec 36 Twn 26N Rng 02W</u>
Telephone No. ( ) _____	Distance <u>1/2</u> Miles Direction <u>N</u> of Nearest Town <u>Vance</u>

**Well / Borehole Data**

Date drilling started: 12-6-14 Date drilling completed: 12-6-14 Hole depth: 108 Hole diameter: 12

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: 31 feet above or  below (circle one) land surface Date measured: 12-6-14

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

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

Casing length: 68 feet Casing diameter: 6 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 6 inches Type of screen: pvc

Screen slot size: 0.150 inches Setting depth: From 68 feet to 108 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*

RECEIVED  
Form: OLWR-SWR-1A (04/06)

DEC 24 2014

BY: \_\_\_\_\_



# 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-48587  
 Driller: Joel Jumper  
 Date completed: 12-6-14  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: K117  
 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>Talley Land Mana</u>	Latitude: <u>34-4-48</u> Longitude: <u>90-20-46</u>
Mailing Address: <u>489 Highway 3</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Tutwiler</u> <u>MS</u> <u>38963</u>	USGS quad <u>NE 1/4 SE 1/4, Sec 36 T 26N R 02W</u>
City State Zip Code	<u>1/2</u> Miles <u>N</u> of <u>Vance</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 12-6-14 Rated Pump Capacity: 600 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: 7.5 Setting Depth: 60 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 12-7-14 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 31 Feet Below Land Surface Pumping Water Level (B): 41 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 600 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.

Joel Jumper 5317 12-7-14 Joel Jumper

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

RECEIVED  
 DEC 24 2014  
 BY \_\_\_\_\_