

# STATE WELL REPORT

## Part 1

### 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 #: L85  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Quitman  
Permit #: MS-GW 47170  
Driller: Tommy Peacock Sr  
Date drilling completed: 9-10-15

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Chris Crawford</u>	Latitude: <u>N 34° 08' 19"</u> Longitude: <u>W 90° 15' 00"</u>
Mailing Address: <u>P.O. Box 1398</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lambert</u> <u>MS</u> <u>38643</u>	<u>NE 1/4 SW 1/4, Sec 12 T 26N R 01W</u>
City State Zip Code	<u>6</u> Miles <u>SW</u> of <u>Lambert</u>
Telephone No. <u>(662) 934-0340</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-10-15</u> Date drilling completed: <u>9-10-15</u> Hole depth: <u>115'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>Ditch close by</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Mixed in pit</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>

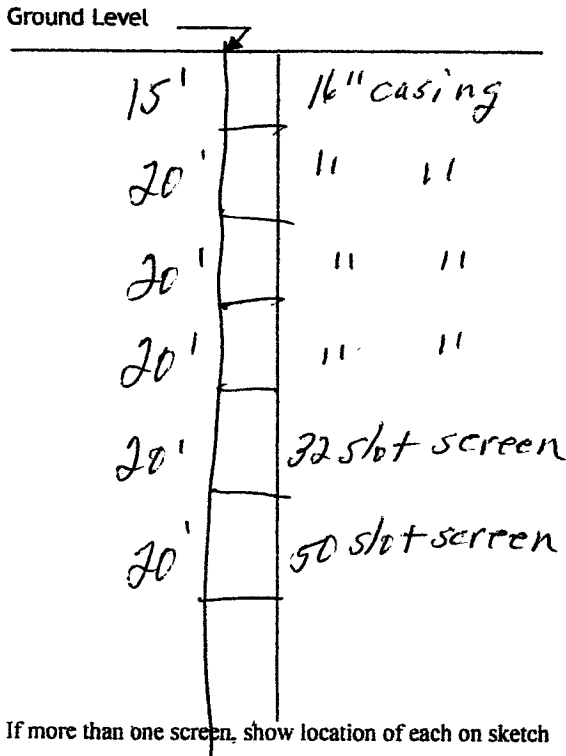
Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>28</u> feet [above or <input checked="" type="checkbox"/> below] land surface (circle one) Date measured: <u>9-10-15</u>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe) _____
Well depth: <u>115'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>75</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>1/32 - 1/50</u> inches Setting depth: From <u>75</u> feet to <u>115</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If tolerances or more than one screen describe on next page</i>

County: Quitman  
Permit #: MS-GW-47170

**For Office Use Only:**  
Well #: L85

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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) Ground level	To (depth)
top soil	0	15
clay	15	35
medium sand	35	65
coarse sand	65	75
coarse sand & gravel	75	95
coarse sand	95	105
coarse sand & gravel	105	115

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) north arrow

OCT 08 2015

Landowner Name: Chris Crawford

I HEREBY 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.

Tommy Peace OR #3409     10-5-15     Tommy Peace

Print Name of Responsible Licensee and License No.     Date     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)

**For Office Use Only:**

Well #: L85

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

County: QUITMAN  
 Permit #: GW-47170  
 Driller: TOMMY PEACOCK  
 Date completed: 9-10-15  
 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>WILLOW LAKE FARMS</u> <span style="color: red; font-size: small;">Chris Crawford</span>	Latitude: <u>34° 08' 02"</u> Longitude: <u>90° 15' 01"</u>
Mailing Address: <u>P.O. BOX 1398</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>LAMBERT</u> <u>MS</u> <u>38643</u> City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼, Sec <u>12</u> T <u>26N</u> R <u>01W</u>
Telephone No. <u>(662) 934-0340</u>	<u>8 1/2</u> Miles <u>E</u> of <u>WALNUT</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9-11-15 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): 28 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: \_\_\_\_\_

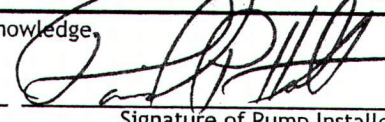
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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 10-6-15   
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED

OCT 09 2015

BY: OLWR

15-0370