

# 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  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: M 69  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Quitman  
 Permit #: CW-48847  
 Driller: Jake Jumper  
 Date drilling completed: 10/11/15

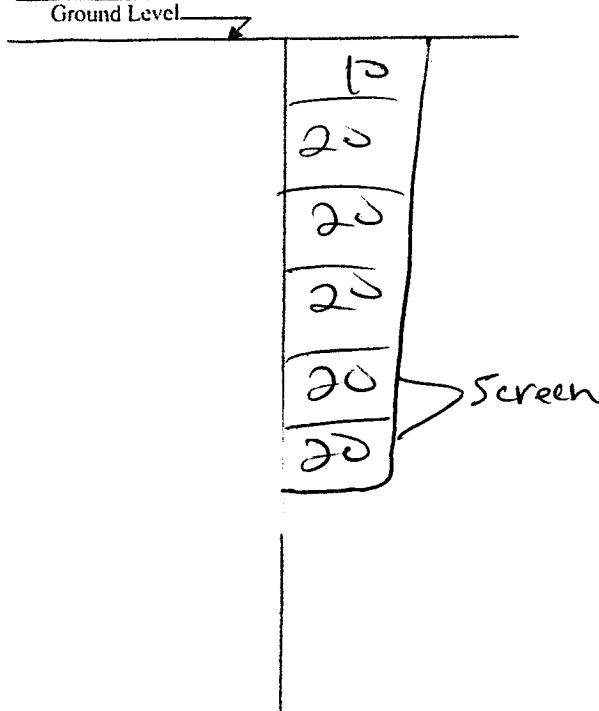
**State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>ROBBY Glover</u> Mailing Address: <u>P.O. Box 3823</u> <u>Bluffton SC 29910</u> City State Zip Code Telephone No. ( ) _____	Latitude: <u>34° 8' 4"</u> Longitude: <u>79° 10' 45"</u> Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS <del>SW</del> <del>SE</del> <u>SW</u> 1/4 Sec <u>10</u> Twn <u>26N</u> Rng <u>01E</u> Distance <u>6</u> Miles Direction <u>NE</u> of Nearest Town <u>Crowder</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>10/11/15</u> Date drilling completed: <u>10/11/15</u> Hole depth: <u>110</u> Hole diameter: <u>24</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): <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 (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____ <b><i>If drilling is not related to water well construction, skip the remainder of this block</i></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>10</u> feet above or below (circle one) land surface Date measured: <u>10/11/15</u> Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> electric tape <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>70</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PUC</u> Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PUC</u> Screen slot size: <u>050</u> inches Setting depth: From <u>0</u> feet to <u>70</u> feet Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <b><i>If telescoped or more than one screen, describe on next page</i></b>	

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 BY OLWR

The sketch below only required for water wells

If well telescopes, show depths 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)	To (depth)
Dirt	Ground Level	20
Dirt	20	40
Sand	40	60
Sand	60	80
Gravel	80	100
orell	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.

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BY: OLWER

Landowner Name: Bobby Glover

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.

Joel Jumper # 5017      10/11/16      Joel Jumper

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)

County: Ditman  
 Permit #: GW-48847  
 Driller: JOEL JUMPER  
 Date completed: 10/11/16  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: M69  
 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>Bobby Glover</u>	Latitude: <u>34 8 4</u> Longitude: <u>90 10 45</u>
Mailing Address: <u>P.O. Box 3823</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bluffton</u> <u>SC</u> <u>29910</u>	USGS quad _____, Sec <u>NW 1/4 SW 1/4</u> , T <u>26N</u> R <u>01E</u>
City State Zip Code	<u>6</u> Miles <u>NE</u> of <u>Crowder</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: 10/11/16 Rated Pump Capacity: 800 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: 15 HP Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10/11/16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 10 Feet Below Land Surface

Drawdown [(B) - (A)]: 0 Feet Below Land Surface Test Pumping Rate: 800 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 800 GPM with a drawdown of 10 feet after 4 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): \_\_\_\_\_ NOV 03 2015

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement BY: OLIVER

*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 #537 10/11/16 Joel Jumper  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
 Form DLWR-SWK-1B (4/15)