

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)

501

For Office Use Only:

Well #: 578
Aquifer: _____
E-Log #: _____

County: Rankin
Permit #: _____
Driller: James M. Wells
Date drilling completed: 4-29-19

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.

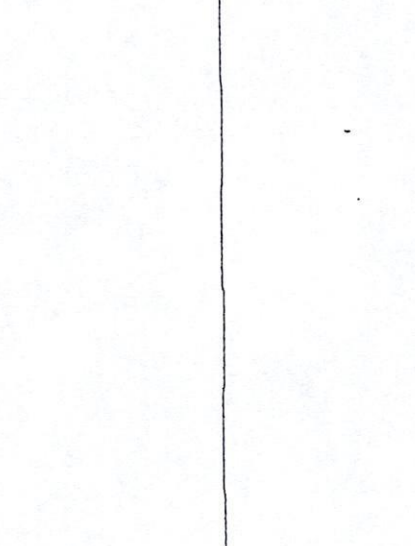
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Samuel Welsh</u>	Latitude: <u>32°09.14 N</u> Longitude: <u>89°49.64 W</u> <u>32-09-14</u> <u>89-49-06</u>
Mailing Address: <u>1169 Indian Mound Ridge</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Brandon</u> <u>MS</u> <u>39042</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>30</u> T <u>4N</u> R <u>5E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data	
Date drilling started: <u>4-29-19</u>	Date drilling completed: <u>4-29-19</u> Hole depth: <u>290</u> Hole diameter: <u>7 1/2"</u>
Location of the source of any surface water used for drilling: <u>running creek</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u>	
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 (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey 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): <u>Home</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>180</u> feet [above or <u>below</u>] land surface Date measured: <u>4-29-19</u> (circle one)	
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____	
Well depth: <u>290</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>270</u> feet	Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet	Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.008</u> inches	Setting depth: From <u>270</u> feet to <u>290</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

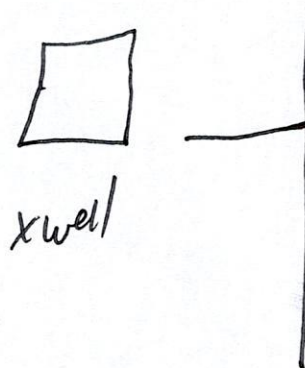
<p>For Office Use Only:</p> <p>Well #: _____</p>

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

Ground Level

[illegible]

- 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



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BY OLWR

Landowner Name: Samuel Welsh

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.

James M. Wells 00005889 6/2/19 James M. Wells
Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

County: Rankin
 Permit #: _____
 Driller: James M. Wells
 Date completed: 4-29-19
Copy information from block on Part 1

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 #: _____
 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>Samuel Welsh</u>	Latitude: <u>32°9.14'N</u> Longitude: <u>89°49.6'W</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>169 Indian Mound Ridge</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
<u>Brandon</u> <u>MS</u> <u>39042</u>	_____ Miles _____ of _____
City State Zip Code	(Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (circle one)
☒ Submersible ☐ Turbine ☐ Air Lift ☐ Centrifugal ☐ Flowing Well ☐ Jet ☐ Piston ☐ Rotary ☐ Other (describe): _____
 Date Pump Installed: 4-29-19 Rated Pump Capacity: 12 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: 1 Setting Depth: 200 feet Number of Stages: 14

Pump Test Data for Non Flowing Well
 Date Well Tested: 4-29-19 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 180 Feet Below Land Surface Pumping Water Level (B): 200 Feet Below Land Surface
 Drawdown [(B) - (A)]: 189 Feet Below Land Surface Test Pumping Rate: 17 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.

James M. Wells 00005889 6-12-19 James M. Wells
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer