

# 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 #: V96  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Rankin  
Permit #: \_\_\_\_\_  
Driller: James Bralshaw  
Date drilling completed: Sept-23-16

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Daniel Sistrunk</u>	Latitude: <u>32° 05' 12" N</u> Longitude: <u>90° 1' 14" W</u>
Mailing Address: <u>220 Levie Cooper Rd</u> <u>Braxton</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Braxton</u> MS <u>39044</u>	<u>SW</u> <input checked="" type="checkbox"/> <u>NW</u> <input checked="" type="checkbox"/> Sec <u>20</u> T <u>3N</u> R <u>3E</u>
City State Zip Code	<u>2</u> Miles <u>South</u> of <u>Star MS</u>
Telephone No. <u>(601) 954-2139</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>9-20-16</u> Date drilling completed: <u>9-23-16</u> Hole depth: <u>200</u> Hole diameter: <u>7"</u>
Location of the source of any surface water used for drilling: <u>City water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>
Logs run (circle all applicable): No log run <input type="checkbox"/> <input checked="" type="checkbox"/> Electric <input checked="" 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): <u>MDEQ</u>
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) _____

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>N/A</u>
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) <u>N/A</u>
Static Water Level: <u>114</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>9-26-16</u>
(circle one)
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>148</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>138</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>#8</u> inches Setting depth: From <u>138</u> feet to <u>148</u> feet
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> <input checked="" type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): <u>N/A</u>
Top of lap pipe or reduction in casing: <u>N/A</u> feet

If telescoped or more than one screen, describe on next page

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Form: OLWR-SWR-1A (4/13)

By OLWR

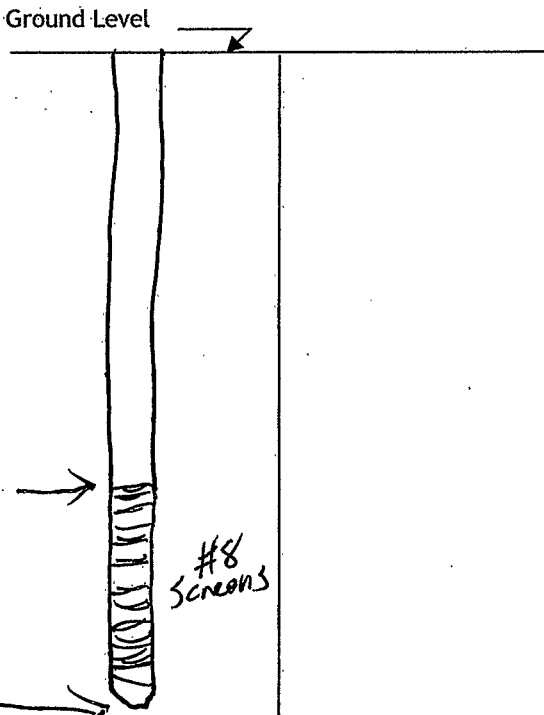
County: Rankin  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 196

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



If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
Red/yellow clay	Ground level	15'
Yellow clay	15	20
Sand stone	20	25
Yellow-bray clay	25	30
Sand stone	30	47'
Gray clay	47	51
Sand stone	51	75
Gray clay	75	99'
Fine bray sand	99	115
Gray clay	115	138
Fine bray <del>clay</del> sand	138	148
Gray clay	148	200

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

Landowner Name: Daniel Sistrunk

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 Bradshaw 00007871  
 Print Name of Responsible Licensee and License No.

9-28-16  
 Date



Signature of Licensee

OCT 04 2016

Form: OLWR-SWR-1B (4/13)

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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)

**For Office Use Only:**

Well #: 196  
 Aquifer: \_\_\_\_\_

County: Rankin  
 Permit #: \_\_\_\_\_  
 Driller: James Bradshaw  
 Date completed: 9-28-16  
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>Daniel Sistrunk</u>	Latitude: <u>32° 5' 12" N</u> Longitude: <u>90° 1' 14" W</u>
Mailing Address: <u>220 Levi Cooper Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Braxton</u> <u>MS</u> <u>39044</u> City State Zip Code	<u>SW 1/4 NW 1/4, Sec 20 T 3N R 3E</u>
Telephone No. <u>(601) 954-2139</u>	<u>2</u> Miles <u>South</u> of <u>Star MS</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 9-26-16 Rated Pump Capacity: 10 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: 138 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: 9-27-16 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 114 Feet Below Land Surface Pumping Water Level (B): 125 Feet Below Land Surface

Drawdown [(B) - (A)]: 11 Feet Below Land Surface Test Pumping Rate: 9 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: N/A feet.

Well yielded N/A GPM with a drawdown of N/A feet after N/A 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 Bradshaw VWR00007871 9-28-16  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWR720(4/20)16

By OLWR

V96



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