

# 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 #: **G60**  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Scott  
Permit #: **MS-GW-17231**  
Driller: Trymonne Williams  
Date drilling completed: 12/15/16

*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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>H &amp; H Water System</u>	Latitude: <u>32.479507</u> Longitude: <u>89.493807</u>
Mailing Address: <u>179 Hodges Lane</u>	Method of Lat/Long (check one): Conventional Survey, _____ USGS Quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City <u>Forest</u> State <u>MS</u> ZC <u>39074</u>	<b>NE</b> ¼ <b>SE</b> ¼, Sec <b>5</b> T <b>07N</b> R <b>08E</b>
Telephone No. <u>601 469-3619</u>	½ Miles West of <u>Hwy 35</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>8/9/16</u> Date drilling completed: <u>12/15/16</u> Hole depth: <u>2465</u> Hole diameter: <u>12-1/4"</u>
Location of the source of any surface water used for drilling: _____ Existing well on site _____
Method of dosing and volume of Chlorine used in drilling and development: _____ Pumped in - 30 gallons
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray _____ Density _____ Sonic _____ Neutron _____ Other: _____
Name of organization running log(s): <u>Layne Christensen Company</u>
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well _____ 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): Home _____ Industrial _____ <input checked="" type="checkbox"/> Public Supply _____ Irrigation _____ Fish Culture _____
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>136</u> Feet [Above or <input checked="" type="checkbox"/> Below] Land surface Date measured: <u>1/18/17</u> (circle one)
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape _____ Air line _____ Other (describe): _____
Well depth: <u>2465</u> Well grouted to a depth of: <u>2135</u> feet Type of grout (circle one): Neat Cement _____ Bentonite _____ <input checked="" type="checkbox"/> Mix _____
Casing length: <u>2135</u> Feet Casing diameter: <u>16"</u> inches Type of casing: <u>Steel</u>
Screen length: <u>70</u> Feet Screen diameter: <u>10"</u> inches Type of screen: <u>Stainless</u>
Screen slot size: <u>.018</u> Setting depth: From <u>2140</u> feet to <u>2155</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input checked="" type="checkbox"/> Underreamed _____ Open Hole _____ Natural Development _____
Other (describe): <u>Additional screen setting 2165-2190, 2205-2220, 2245-2260</u>
Top of lap pipe or reduction in casing: <u>2040</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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



County: Scott  
 Permit #: MS-GW-17231

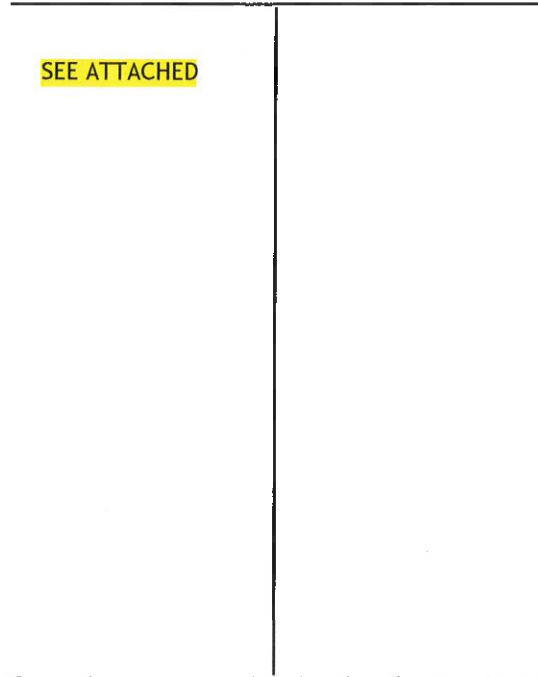
**RECEIVED**  
**08-26-2019**  
**BY OLWR**

**For Office Use Only:**  
 Well #: G60

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



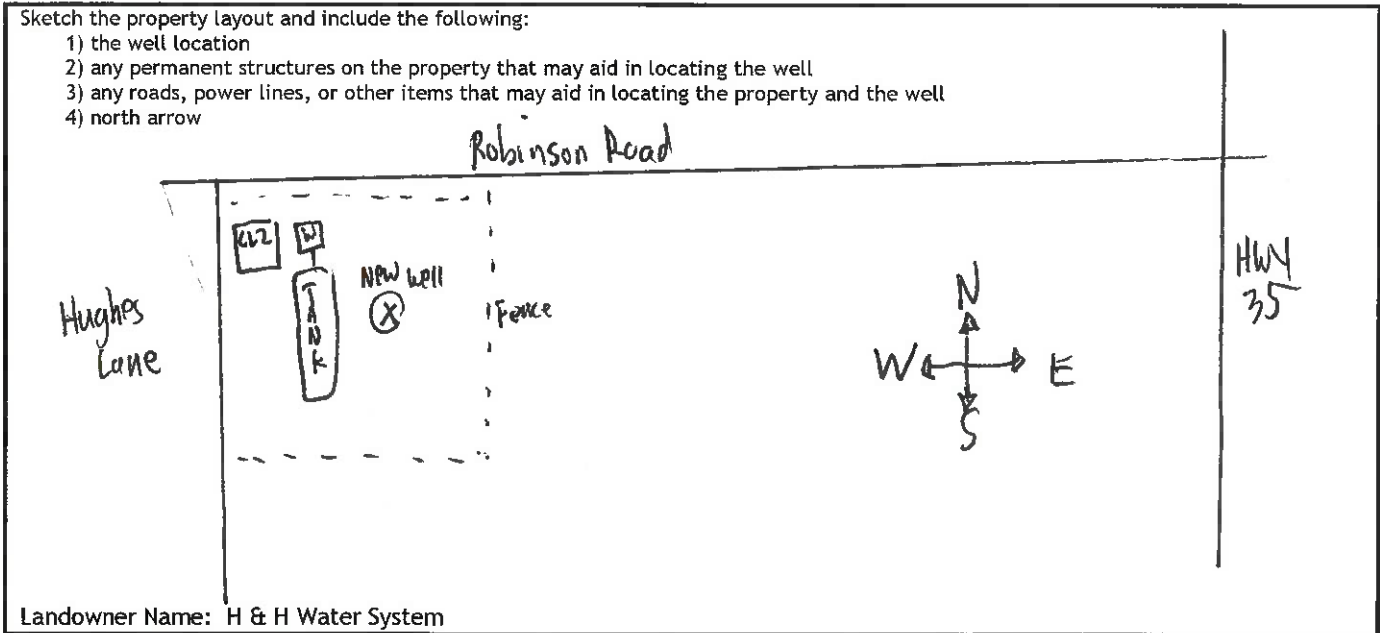
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Red, Yellow, and Sandy Clay	0	175
Sand and Clay Streaks	175	195
Clay	195	230
Clay, Shale and Gravel	230	410
Sand	410	450
Clay, Sand, and Lignite	450	865
Sand	865	1021
Sand, Clay, and Shale	1021	1031
Hard Rock	1031	1035
Sand	1035	1155
Clay, Sand Streaks, Lignite	1155	1614
Sand	1614	1815
Rock, Sand, and Clay	1815	1888
Sand and Lignite	1888	2100
Sand, Clay and Lignite	2100	2280
Sandy Clay	2280	2390
Rock	2390	2392
Sand	2392	2412
Clay	2412	2451

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) north arrow



Landowner Name: H & H Water System

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.

Jace A. Rawls 0-4688  
 Print Name of Responsible Licensee and License No.

1/11/17  
 Date

Jace A. Rawls  
 Signature of Licensee



Job No:  
Date: 8/22/2016

**MATERIAL SETTING**

CUSTOMER LOCATION		WELL DATA			
For	H&H Water Systems, Inc.	Well Name	Well 4	Well No.	4
		Elevation		Datum	
Well Location:		Well Type	Gravel Pack and Underreamed		
		Surface Casing Cemented	Yes	No. Sacks	TBD
		Size Hole Underreamed	26	Depth	200'
		Gravel Type	20 / 40	No. Cu. Yds.	30
County : Scppt	State Mississippi	Static Water Level			
Other Land Marks:		Type Screen	Wire Wrap Rod Based	Gage	0.016"
		Driller	Trymonne	Rig no.	2455
		Other			

Depth	Length	Size, Kind, Weight Material	Sketch
3 ft. to 1200 ft.	1203 Ft.	16-inch O.D. casing, 0.375 inch wall thickness	
1200 ft. to 2135 ft.	935 Ft.	16-inch O.D. casing, 0.5 inch wall thickness	
2040 ft. to 2140 ft.	100 Ft.	10 3/4-inch O.D. casing, 0.365 inch wall thickness	
2140 ft. to 2155 ft.	15 Ft.	10 3/4-inch pipe base screen - 304 SS screen wrapped on 10 3/4 O.D., 0.365 wall pipe	
2155 ft. to 2165 ft.	10 Ft.	10 3/4-inch O.D. casing, 0.365 inch wall thickness	
2165 ft. to 2190 ft.	25 Ft.	10 3/4-inch pipe base screen - 304 SS screen wrapped on 10 3/4 O.D., 0.365 wall pipe	
2190 ft. to 2205 ft.	15 Ft.	10 3/4-inch O.D. casing, 0.365 inch wall thickness	
2205 ft. to 2220 ft.	15 Ft.	10 3/4-inch pipe base screen - 304 SS screen wrapped on 10 3/4 O.D., 0.365 wall pipe	
2220 ft. to 2245 ft.	25 Ft.	10 3/4-inch O.D. casing, 0.365 inch wall thickness	
2245 ft. to 2260 ft.	15 Ft.	10 3/4-inch pipe base screen - 304 SS screen wrapped on 10 3/4 O.D., 0.365 wall pipe	
2260 ft. to 2270 ft.	10 Ft.	10 3/4-inch O.D. casing, 0.365 inch wall thickness, with back pressure valve	

**WATER RESOURCES**

# 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: Scott  
 Permit #: MS-GW-17231  
 Driller: Trymonne Williams  
 Date drilling completed: 12/15/16

*Copy information from block on Part 1*

### For Office Use Only:

Well #: G60  
 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>H &amp; H Water System</u>	Latitude: <u>32.479507</u> Longitude: <u>89.493807</u>
Mailing Address: <u>179 Hodges Lane</u>	Method of Lat/Long (check one): Conventional Survey, _____
City <u>Forest</u> State <u>MS</u> ZC <u>39074</u>	USGS Quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>601 469-3619</u>	<u>1/4</u> _____ <u>1/4</u> , Sec _____ T _____ R _____
	<u>1/2</u> Miles _____ West of _____ Hwy 35
	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4/5/17 Rated Pump Capacity: 730 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: 125 Setting Depth: 302' Number of Stages: 6

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4/12/17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 136 Feet Below Land Surface Pumping Water Level (B): 229 Feet Below Land Surface

Drawdown [(B) - (A)]: 93 Feet Below Land Surface Test Pumping Rate: 653 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: 510 feet

Well yielded 653 GPM with a drawdown of 93 feet after 4 hours of pumping

**Meter Installation**

Meter Manufacturer: Water Specialties Meter Serial Number: 20162153-08

Meter Model Number/Name: ML04-8 Type of Meter: Propeller

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Gal x 1,000

Installation Date: 4/5/17 Meter installed by: Robert Kitchens

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.

Jace A. Rawls 0-4688 4/14/2017 Jace A. Rawls  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

