

# STATE WELL REPORT

## Part I

### 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 #: K32  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Scott  
Permit #: \_\_\_\_\_  
Driller: West Water Well  
Date drilling completed: 8-12-15

*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>J. D. Gibbs</u>	Latitude: <u>32-20-40</u> Longitude: <u>89-32-35</u>
Mailing Address: <u>6618 Blossom Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Martins</u> MS <u>39117</u>	<u>SE 1/4 SE 1/4, Sec 23 T 6N R 7E</u>
City State Zip Code	<u>3</u> Miles <u>W</u> of <u>Forest</u>
Telephone No. <u>(601) 540-0101</u>	(Distance) (Direction) (Nearest Town)

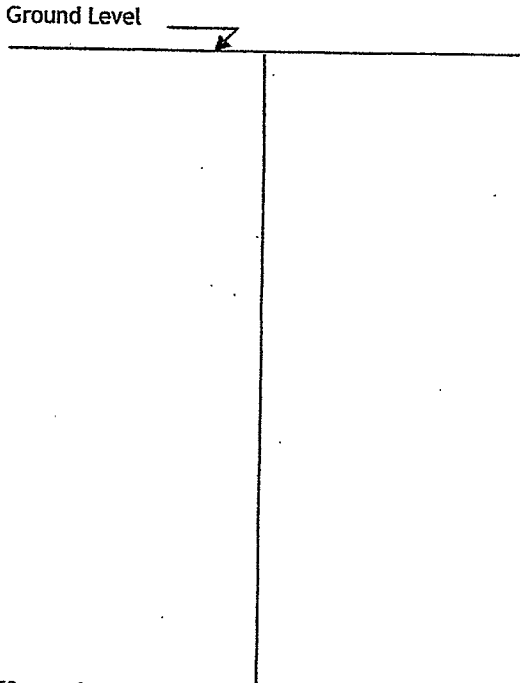
Well / Borehole Data
Date drilling started: <u>8-10-15</u> Date drilling completed: <u>8-10-15</u> Hole depth: <u>532</u> Hole diameter: <u>6 1/2</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs 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 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 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): <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): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>182</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>8-12-15</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line Other (describe): _____
Well depth: <u>532</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix
Casing length: <u>512</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 slotted</u>
Screen slot size: <u>.008</u> inches Setting depth: From <u>512</u> feet to <u>530</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 telescoped or more than one screen, describe on next page</i>

County: Scott  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: K32

*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)
SANDY RED CLAY	Ground level	43
CLAY	43	381
SAND W/ SHELLS	381	397
SANDY CLAY	397	461
SAND	461	532

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: J. D. Gibbs

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.

David A. West 0-672 3-28-17 David A. West  
 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 #: K32

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

County: Scott  
 Permit #: \_\_\_\_\_  
 Driller: West Water Well  
 Date completed: 8-12-15  
*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>J. D. Gibbs</u>	Latitude: <u>32-20-40</u> Longitude: <u>89-32-35</u>
Mailing Address: <u>6618 Blossom Hill Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Morton</u> <u>MS</u> <u>39117</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>23</u> T <u>6N</u> R <u>7E</u>
City State Zip Code	<u>3</u> Miles <u>W</u> of <u>Forest</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: 8-13-15 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: 240 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): \_\_\_\_\_ 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 A. West 0-672 3-28-17 David A. West

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer