

# 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 #: P39  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Scott  
Permit #: \_\_\_\_\_  
Driller: Will Barlow  
Date drilling completed: 11-19-16

**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.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Stacey Boykin</u>	Latitude: <u>32° 14' 28.1" N</u> Longitude: <u>89° 28' 05.1" W</u>
Mailing Address: <u>805 Dogwood Hills Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Forest</u> MS <u>39074</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 27 Twn 5N Rng 8E</u>
Telephone No. <u>(601) 507-0875</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Home Wood</u>

**Well / Borehole Data**

Date drilling started: 11-14-16 Date drilling completed: 11-19-16 Hole depth: 490 Hole diameter: 6

Location of the source of any surface water used for drilling: Public Supply

Method of dosing and volume of Chlorine used in drilling and development: NA

Logs run (circle all applicable): No log run  Electric  Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): DEQ

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

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

Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: Poultry

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 38' feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape  electric tape air line other: \_\_\_\_\_

Well depth: 400' Well grouted to a depth of 60 feet Type of grout (circle one): Neat Cement Bentonite  Mix

Casing length: 380 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 380 feet to 400 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. ***If telescoped or more than one screen, describe on next page***

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

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P39  
 Elevation: \_\_\_\_\_

County: Scott  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date completed: 11-20-16  
*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>Stacey <del>Barlow</del> Boykin</u>	Latitude: <u>32.1428.1N</u> Longitude: <u>89.2805.1W</u>						
Mailing Address: <u>80 S Dogwood Hills Rd</u>	Method of Lat/Long (check one): Conventional Survey _____						
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Forest</u></td> <td style="border: none;">MS</td> <td style="border: none;">39074</td> </tr> <tr> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table>	<u>Forest</u>	MS	39074	City	State	Zip Code	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Forest</u>	MS	39074					
City	State	Zip Code					
Telephone No. <u>(601) 507-0875</u>	<u>SE 1/4 SE 1/4 Sec 27 T 5N R 8E</u>						
	Distance _____ Direction _____ Nearest Town _____						
	<u>1</u> Miles <u>W</u> of <u>Homewood</u>						

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor-PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>11-20-16</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: _____

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-20-16</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>52</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>52</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Arnold Fincher Jr 0-560                      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer