

# 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 #: L33

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

E-Log #: \_\_\_\_\_

County: Simpson

Permit #: \_\_\_\_\_

Driller: West Water Well

Date drilling completed: 12-14-15

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Randy Hyde</u> Mailing Address: <u>430 Nevel Craft Rd</u> <u>Mendenhall</u> <u>MS</u> <u>39114</u> City State Zip Code Telephone No. (601) <u>849-0255</u>	<b>Well or Borehole Location</b> Latitude: <u>31° 55' 57"</u> Longitude: <u>89° 42' 08"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec <u>8</u> T <u>1N</u> R <u>6E</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
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<b>Well / Borehole Data</b> Date drilling started: <u>12-14-15</u> Date drilling completed: <u>12-14-15</u> Hole depth: <u>255</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): <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): Home Industrial Public Supply Irrigation Fish Culture Other (describe): <u>Poultry Farm</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>152'</u> feet (above or below land surface) (circle one) Date measured: <u>12-14-15</u> Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____ Well depth: <u>255</u> Well grouted to a depth of: <u>50</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>225</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u> Screen slot size: <u>.010</u> inches Setting depth: From <u>225</u> feet to <u>255</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>	

For Office Use Only:

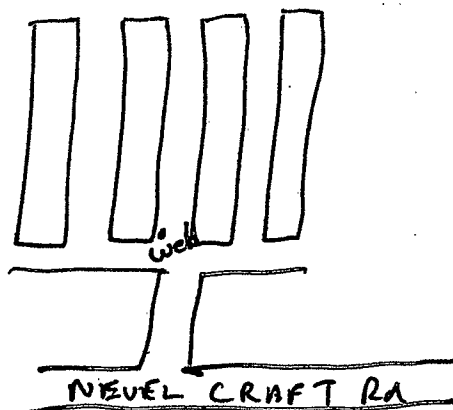
Well #: L33

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

[illegible]

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: Randy Hyde

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 3-30-17 Dad 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)

County: Simpson  
Permit #: \_\_\_\_\_  
Driller: West Water Well  
Date completed: 12-14-15  
*Copy information from block on Part 1*

### For Office Use Only:

Well #: L33  
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>Randy Hyde</u>			Latitude: <u>31° 55' 57"</u> Longitude: <u>89° 42' 08"</u>	
Mailing Address: <u>430 Nevel Craft Rd</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>Mendenhall</u>	<u>MS</u>	<u>39114</u>	<u>SW</u> ¼ <u>SE</u> ¼, Sec <u>8</u> T <u>1N</u> R <u>6E</u>	
City	State	Zip Code		
Telephone No. <u>(601) 849-0255</u>			_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)	

Pump Type (circle one)	
<u>Submersible</u>	Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>12-15-15</u>	Rated Pump Capacity: <u>30</u> Gallons Per Minute
Is This Pump (circle one): <u>New</u> Repaired Replacement	
Power Type (circle one)	
<u>Electric</u>	Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: <u>3</u>	Setting Depth: <u>200</u> 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	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>David A. West</u>	<u>0-672</u>	<u>3-30-17</u>
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer.