

# 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 #: C36  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: Will Barlow  
Date drilling completed: 2-28-17

**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>Johnathan Harrison</u>	Latitude: <u>32° 10' 53.9" N</u> Longitude: <u>89° 31' 27.24" W</u>
Mailing Address: <u>1169 SCR35-11</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Pulaski MS 39152</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 18 Twn 4N Rng 8E</u>
Telephone No. <u>(601) 941-9461</u>	Distance Direction Nearest Town <u>3 Miles SW of Home Wood</u>

**Well / Borehole Data**

Date drilling started: 2-15-17 Date drilling completed: 2-28-17 Hole depth: 680' Hole diameter: 6"

Location of the source of any surface water used for drilling: N/A Public water system

Method of dosing and volume of Chlorine used in drilling and development: N/A

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: 162 feet above or  below (circle one) land surface Date measured: 2-29-17

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

Well depth: 630 Well grouted to a depth of 60 feet Type of grout (circle one): Neat Cement  Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 600 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: Stainless Steel

Screen slot size: .008 inches Setting depth: From 610 feet to 630 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: 547 feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A (04/08)

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610  
63  
547



# 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 #: C36  
 Elevation: \_\_\_\_\_

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 2-28-17  
*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>Johnathan Harrison</u>	Latitude: <u>32° 53.9' N</u> Longitude: <u>89° 31' 27.2" W</u>
Mailing Address: <u>1169 SCR 35-11</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pulaski MS 39152</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 18 T 4N R 8E</u>
Telephone No. <u>(601) 941-9461</u>	Distance Direction Nearest Town <u>3 Miles SW of Home wood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>2-28-17</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-28-17</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape <input type="radio"/>
Static Water Level (A): <u>162</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>220</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>58'</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>58'</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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer