

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

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D24  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SMITH  
Permit #: \_\_\_\_\_  
Driller: J PARKER  
Date drilling completed: 8-12-11

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>DOYLE DANIELS</u>	Latitude: <u>32° 10' 05"</u> Longitude: <u>89° 23' 51"</u>
Mailing Address: <u>501-6 RT. 3</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>BAK SPRINGS</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 20</u> Twn <u>4N</u> Rng <u>7E</u>
Telephone No. <u>601 536 2237</u>	Distance <u>6</u> Miles Direction <u>North</u> of Nearest Town <u>PINEVILLE</u> <u>SMITH CO.</u>

**Well / Borehole Data**

Date drilling started: 8-3-11 Date drilling completed: 8-12-11 Hole depth: 395 Hole diameter: 4"

Location of the source of any surface water used for drilling: HOME

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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

Name of organization running log(s): NO

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: \_\_\_\_\_

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

Static Water Level: 80' feet above or below (circle one) land surface Date measured: 8-12-11

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

Well depth: 390 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 370 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 370' feet to 390' 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*

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

RECEIVED

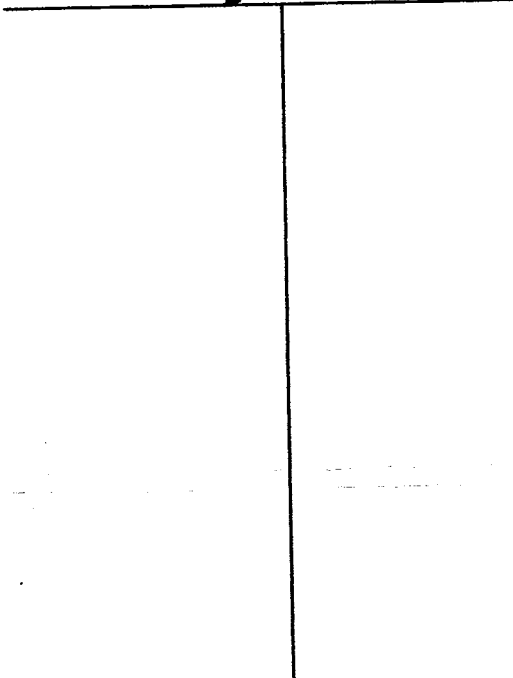
AUG 23 2011

BY: OLWR

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	
CLAY	0	20
GYPSED	20	280
SAND LIME ROCK	280	370
CUMBER	370	380
SAND	380	390

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) a north arrow.

Landowner Name: DOYLE DANIELS

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

I 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.

JOHN R PARKER 8-14-11  
 Print Name of Responsible Licensee and License No. Date

John R Parker RECEIVED  
 Signature of Licensee

AUG 29 2011  
 BY: OLWR

# 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)

County: SMITH  
 Permit #: \_\_\_\_\_  
 Driller: J. PARKER  
 Date completed: 8-12-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D 24  
 Elevation: \_\_\_\_\_

*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>DOYLE DAWKINS</u>	Latitude: <u>32-10-05</u> Longitude: <u>89-23-51</u>
Mailing Address: <u>501-6 RT 3</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>BAV SPRINGS MS</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 20 T. 4N. R. 9E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1/2</u> Miles <u>NORTH</u> of <u>PINEVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>8-11-11</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-11-11</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>80'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>22</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

John R. Parker John R. Parker  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09) 011

BY: OLWR