

# 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 #: 092  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: A-1 Drilling Serv. Inc.  
Date drilling completed: 3-4-16

*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.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Jeremiah Hogwood</u>	Latitude: <u>31° 56' 06" N</u> Longitude: <u>89° 20' 06" W</u>
Mailing Address: <u>2277 Hwy 531</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bay Springs</u> <u>Ms.</u> <u>39422</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>12</u> T <u>1N</u> R <u>9E</u>
City _____ State _____ Zip Code _____	<u>3 1/2</u> Miles <u>SW</u> of <u>Bay Springs</u>
Telephone No. <u>(601) 310-1246</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 2-17-16 Date drilling completed: 3-4-16 Hole depth: 480' Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: Tri-County Water Assn.

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): Ms. D.E.O.

Purpose of borehole (circle 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 (circle all applicable): Home   Industrial  Public Supply  Irrigation  Fish Culture

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

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

Static Water Level: 222 feet (above or  below) land surface Date measured: 3-4-16

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): Sonic

Well depth: 414 Well grouted to a depth of: 63 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 345 feet Casing diameter: 4 inches Type of casing: Galv. steel

Screen length: 30 feet Screen diameter: 4 inches Type of screen: 55 bar weld

Screen slot size: .005 inches Setting depth: From 345 feet to 381 feet  
414 feet to 429 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  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*

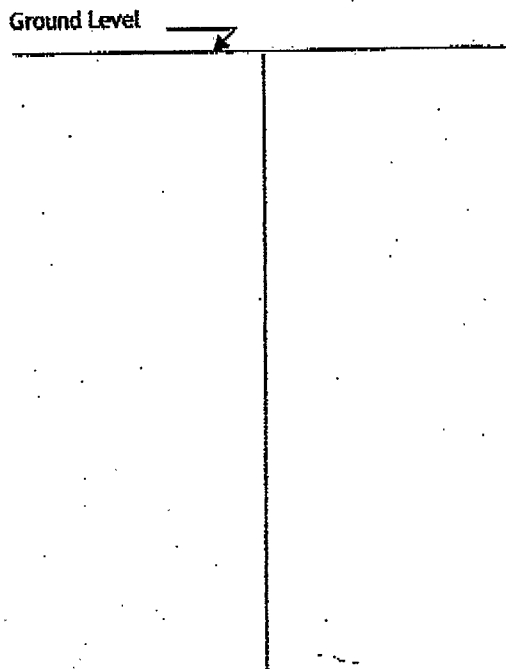
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BY: OLWR

County: Smith  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 042

The sketch below only required for water wells

If well telescopes, show depths on sketch.



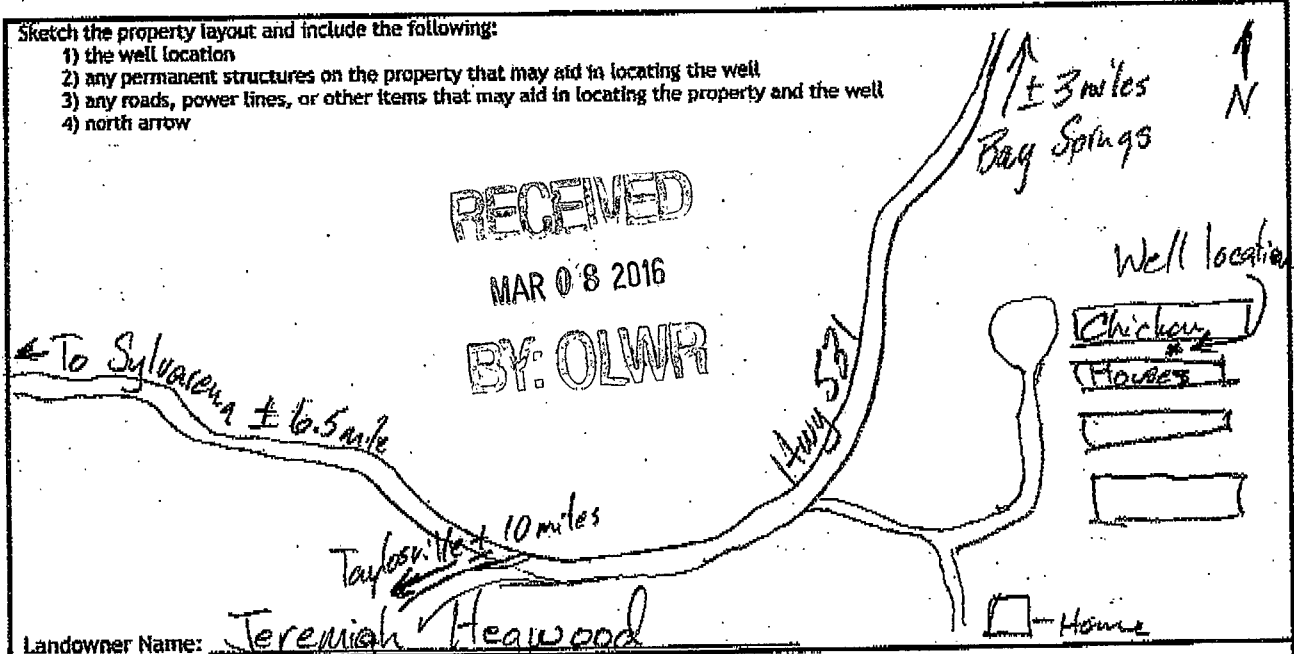
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red sandy clay	Ground level	18
Sand	18	92
Light gray clay	92	145
Sandy clay	145	162
stiff gray clay	162	177
Soft gray clay	177	204
loam clay	204	250
Sand	250	274
Clay	274	306
Rock ledges + clay	306	335
Sand	335	348
Clay w/sandy streaks	348	410
Sand & clay	410	413
Sand	413	433
Sand + clay MIXED	433	450
Clay	450	480

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: Jeremiah Heagwood

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.

Mike Baughman 3-4-16  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 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)

<b>For Office Use Only:</b>
Well #: <u>042</u>
Aquifer: _____

County: <u>Smith</u>
Permit #: _____
Driller: <u>A-1 Drilling Serv. Inc.</u>
Date completed: <u>3-4-16</u>
<i>Copy information from block on Part 1</i>

*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>Jeremiah Heagwood</u>	Latitude: <u>31° 56' 06" N</u> Longitude: <u>89° 20' 06" W</u>
Mailing Address: <u>2277 Hwy 531</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bay Springs</u> <u>Ms.</u> <u>39422</u>	<u>NW</u> 1/4 <u>SW</u> 1/4, Sec <u>12</u> T <u>1 N</u> R <u>9 E</u>
City/State/Zip Code	<u>3 1/2</u> Miles <u>SW</u> of <u>Bay Springs</u>
Telephone No. <u>(601) 310 1246</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible    Turbine    Air Lift    Centrifugal    Flowing Well    Jet    Piston    Rotary    Other (describe): \_\_\_\_\_

Date Pump Installed: 3-4-16      Rated Pump Capacity: 33 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: 5      Setting Depth: 336 feet      Number of Stages: 22

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 222 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): Sonic

**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

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**MAR 08 2016**  
**BY: OLWR**

*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.

Mike Bauhman      3-4-16      Mike Bauhman

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