

# 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 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

County: Smith (129)  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv. Inc.  
 Date drilling completed: 11-12-14

**For Office Use Only:**

Well #: P63  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*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>Joe Evans</u>	Latitude: <u>31° 47' 23" N</u> Longitude: <u>89° 35' 52" W</u>
Mailing Address: <u>176 SCR 49</u>	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City: <u>Mt. Olive</u> State: <u>Ms.</u> Zip Code: <u>39119</u>	<u>NE 1/4 SW 1/4, Sec 34 T. 10N R. 16W</u>
Telephone No.: <u>(601) 733-9643</u>	<u>± 3</u> Miles <u>SE</u> of <u>Mt. Olive</u> <small>(Distance) (Direction) (Nearest Town)</small>

**Well / Borehole Data**

Date drilling started: 11-11-14 Date drilling completed: 11-12-14 Hole depth: 139' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Okatoma 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): \_\_\_\_\_

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): Chicken Houses

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

Static Water Level: 31 feet [above or  below] land surface Date measured: 11-20-14  
(circle one)

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

Well depth: 138 Well grouted to a depth of: 11 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 118 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 118 feet to 138 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*

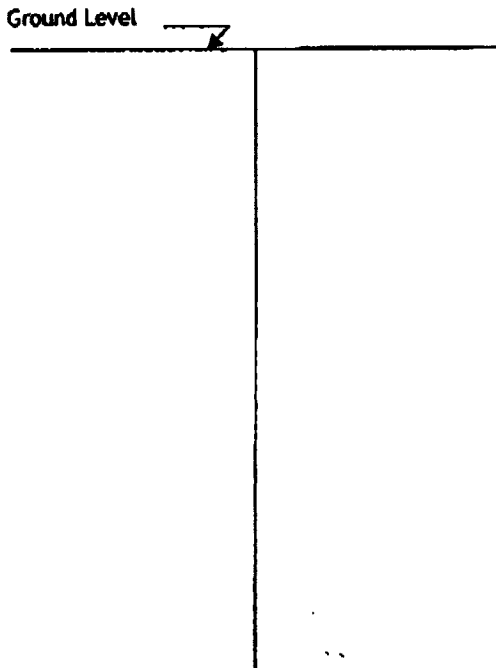
Form: OLWR-SWR-1A (4/13)

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

**For Office Use Only:**  
 Well #: P 63

*The sketch below only required for water wells*

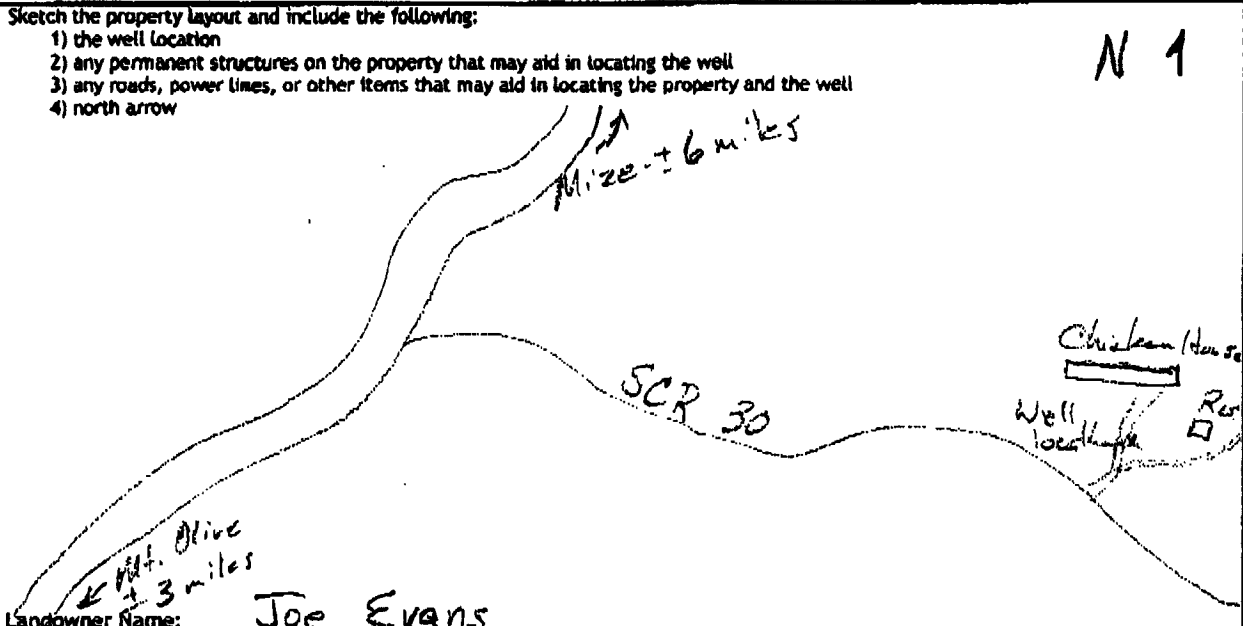
*If well telescopes, show depths on sketch.*



*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	8
Sand & gravel	8	57
Tan clay	57	79
Sand	79	138
Clay	138	139

If more than one screen, show location of each on sketch



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 587 11-18-14 *Mike Baughman*  
 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: Smith  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv. Inc.  
 Date completed: 11-12-14  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: P 63  
 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>Joe Evans</u>	Latitude: <u>31° 47' 23" N</u> Longitude: <u>89° 35' 52" W</u>
Mailing Address: <u>176 SCR 49</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Mt. Olive</u> <u>Ms.</u> <u>39119</u>	<u>NE 1/4 SW 1/4, Sec 39 T. 10N R. 16W</u>
City State Zip Code	<u>± 3</u> Miles <u>SE</u> of <u>Mt. Olive</u>
Telephone No. ( <u>601</u> ) <u>733-9643</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 11-20-14 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: 3 Setting Depth: 100 feet Number of Stages: 19

**Pump Test Data for Non Flowing Well**

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

Static Water Level (A): 31' 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

*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 Baughman 587 11-18-14 [Signature]

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

Form: OLWR-SWR-1B (4/13)