

# 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 #: D103  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Tallahatchie  
Permit #: MS-GW-49143  
Driller: Tommy Paeddl Sr  
Date drilling completed: 3-28-16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>James G Wilbourn</u>	Latitude: <u>N34°00'44"</u> Longitude: <u>W90°19'57"</u>
Mailing Address: <u>P.O. Box 37</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vance</u> <u>MS</u> <u>38964</u>	<u>NE 1/4 NE 1/4, Sec. 30 T.25N R.01W</u>
City State Zip Code	<u>2</u> Miles <u>S</u> of <u>Vance</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>3-28-16</u> Date drilling completed: <u>3-28-16</u> Hole depth: <u>113</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>nearby ditch</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>added when filling pit</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>20</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>3-28-16</u> (circle one)
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>113</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>73</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>1-32 1-50</u> inches Setting depth: From <u>74</u> feet to <u>113</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

If tolerances are more than one error, does the well meet

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APR 06 2016

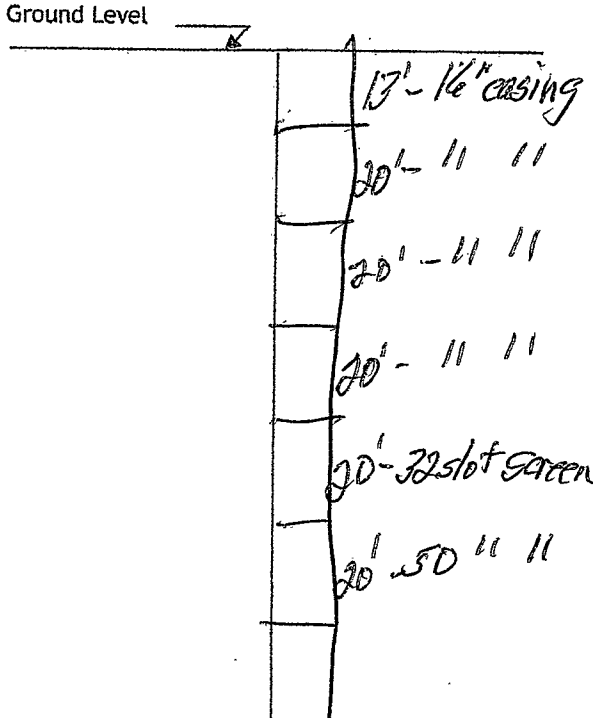
By OLWR

County: Tallahatchie  
Permit # MS-GW-49143

**For Office Use Only:**  
Well #: \_\_\_\_\_

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)
	Ground level	
top soil & clay	0	33
medium sand	36	65
coarse sand	66	75
<del>medium</del> sand & gravel	76	<del>80</del> 113

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

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**By OLWR**

Landowner Name: James G. Wilbourn

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.

Tommy Peacock #3409      4-4-16      Tommy Peacock  
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)

**For Office Use Only:**

Well #: D103  
 Aquifer: \_\_\_\_\_

County: TALLAHATCHIE  
 Permit #: GW-49143  
 Driller: Tommy Peacock Sr  
 Date completed: 3-28-16  
 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.*

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>DIXIE FARMS</u>                  Mailing Address: <u>P.O. BOX 37</u>  <u>VANCE</u> <u>MS</u> <u>38964</u>                  City State Zip Code                  Telephone No. <u>(662) 345-8544</u></p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>34° 00' 44"</u> Longitude: <u>90° 19' 57"</u>                  Method of Lat/Long (check one): Conventional Survey _____,                  USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____  <u>NE</u> ¼ <u>NE</u> ¼, Sec <u>30</u> T <u>25N</u> R <u>01W</u>  <u>3.4</u> Miles <u>NNE</u> of <u>SUMNER</u>                  (Distance) (Direction) (Nearest Town)</p>
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**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 4-26-16 Rated Pump Capacity: 3000 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: 80 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 30 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

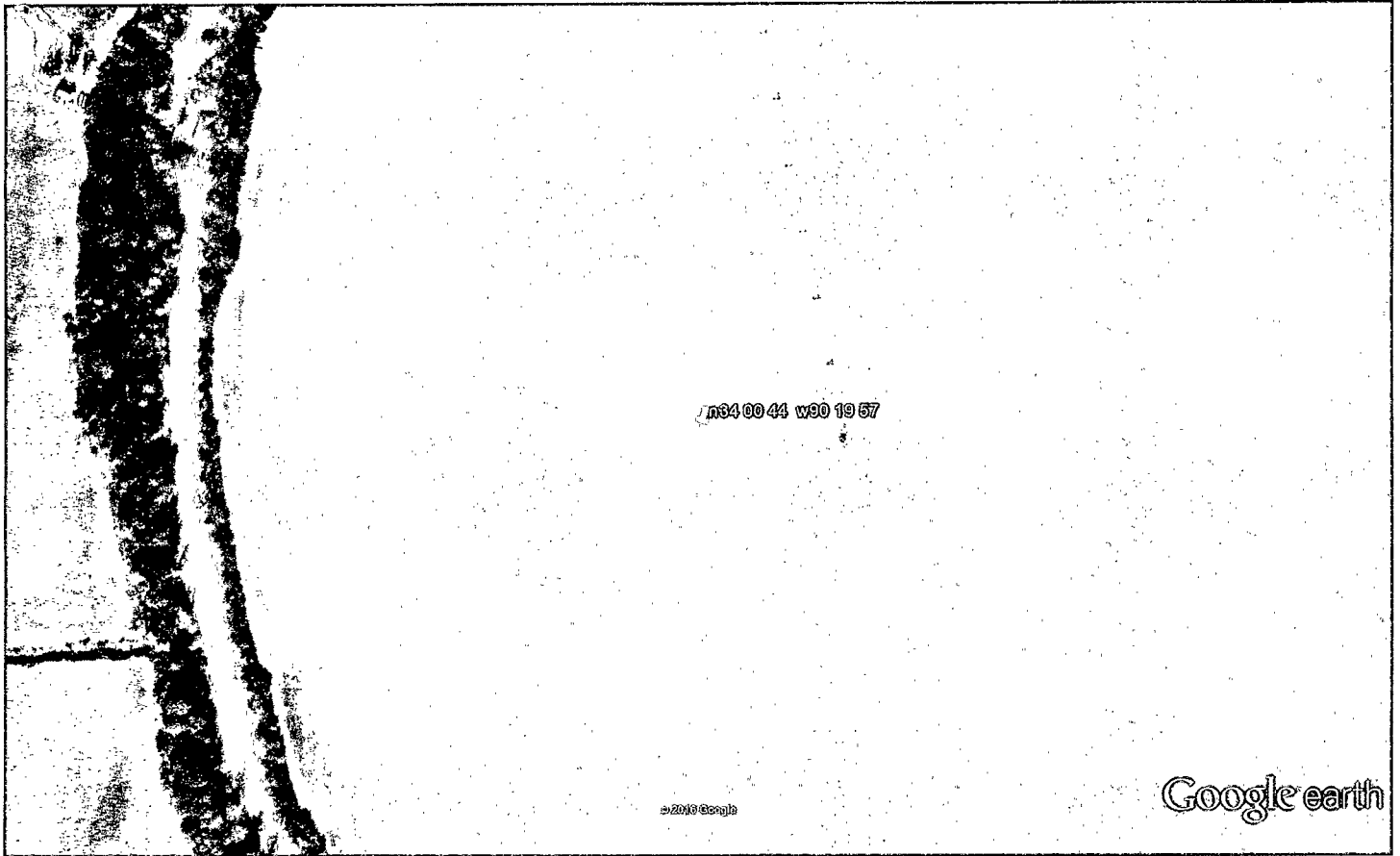
**Meter Installation**

Meter Manufacturer: McCrometer Meter Serial Number: 15-18278  
 Meter Model Number/Name: M0310 Type of Meter: GROUNDWATER  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): GPM  
 Installation Date: 5-5-16 Meter installed by: CIRCLE S IRRIGATION  
 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.

DAVID P. HOLT 0-752P \_\_\_\_\_ Date \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_ **Received**  
 Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_  
 Form: OLWR-SWR-1B (4/13) **MAY 16 2016**  
**By OLWR**



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feet  
meters



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