

# 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 #:	590
Aquifer:	_____
E-Log #:	_____

County: <u>Walthall</u>
Permit #: _____
Driller: <u>Willie Jordan</u>
Date drilling completed: <u>8/4/16</u>

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Rocking R Dairy</u></p> <p>Mailing Address: <u>42 Airline Hwy</u> <u>Tylertown, MS 39667</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone No. (____) _____</p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>31-4-25<sup>N</sup></u> Longitude: <u>90 3 24<sup>W</sup></u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, _____</p> <p>USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____</p> <p><u>NE</u> <math>\frac{1}{4}</math> <u>NE</u> <math>\frac{1}{4}</math>, Sec. <u>2</u> T. <u>1N</u> R. <u>11E</u></p> <p><u>5</u> Miles <u>ESE</u> of <u>Tylertown</u> (Distance) (Direction) (Nearest Town)</p>
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<b>Well / Borehole Data</b>	
Date drilling started: <u>8/4/16</u>	Date drilling completed: <u>8/4/16</u> Hole depth: <u>130</u> Hole diameter: <u>7 1/2</u>
Location of the source of any surface water used for drilling: <u>POTABLE WATER</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
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): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>8/4/16</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>130</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix	
Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PC</u>	
Screen slot size: <u>0.10</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

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

Received

AUG 12 2016

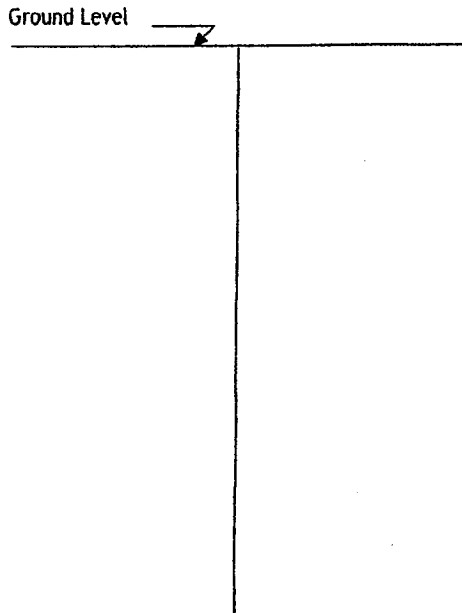
By OLWR

County: WATFOLIA  
 Permit #: \_\_\_\_\_

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

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch.*

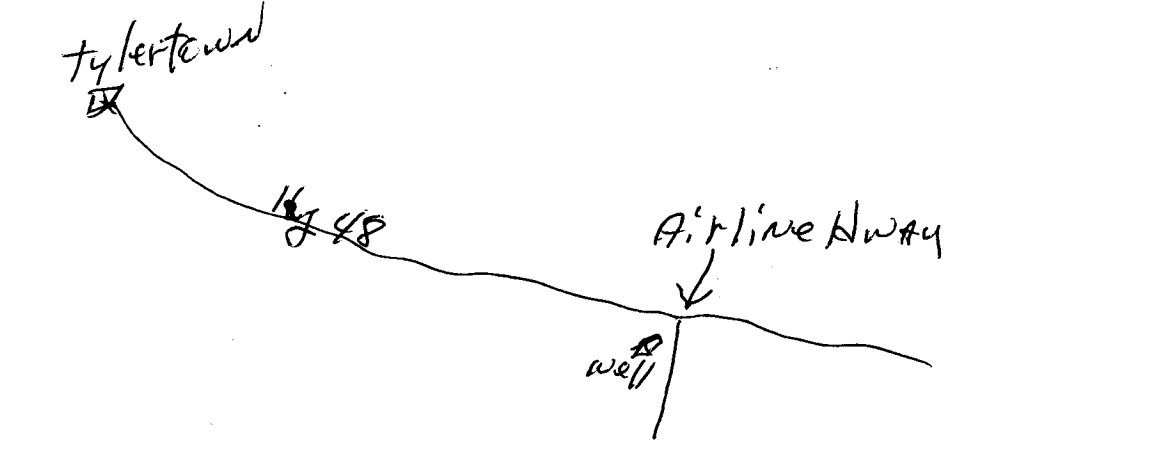


**Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations**

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	1
SANDY CLAY	1	80
SAND + GRAVEL	80	150


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: \_\_\_\_\_

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.

Willie J. Jordan 0-508      8/9/16        
 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 #: 590

Aquifer: \_\_\_\_\_

County: Waltham  
Permit #: \_\_\_\_\_  
Driller: Willie Jordan  
Date completed: 8/4/16  
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.

Well Owner Information	Well Location
Owner Name: <u>Rocking R Dairy</u>	Latitude: <u>31-4-25 N</u> Longitude: <u>90-3-24 W</u>
Mailing Address: <u>42 Airline Hwy</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Tylertown</u> <u>MS</u> <u>39667</u>	_____ _____, Sec. <u>2</u> T. <u>1N</u> R. <u>1E</u>
City State Zip Code	<u>5</u> Miles <u>ESE</u> of <u>Tylertown</u>
Telephone No. ( ) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 8/4/16 Rated Pump Capacity: 20 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: 1 Setting Depth: 120 feet Number of Stages: 9

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 8/4/16 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 20 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 20 GPM with a drawdown of \_\_\_\_\_ feet after 4 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.  
Willie J. Jordan 0-508 8/4/16 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer  
Form: OLWR-SWR-1B (4/13)

Received

AUG 12 2016

By OLWR