

344

# 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 #: K 118  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Walthall  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 5-7-19

*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>Gary Ammas</u>	Latitude: <u>31° 1.4 N</u> Longitude: <u>89° 58.11 W</u> <u>31° 1' 24"</u> <u>-89° 58' 6.60"</u>
Mailing Address: _____ <u>144. Dexter - Centerville Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Tylertown MS 39467</u>	<u>SW</u> ¼ <u>NW</u> ¼, Sec. <u>26</u> T. <u>1N</u> R. <u>12E</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(985) 327-4808</u>	

Well / Borehole Data	
Date drilling started: <u>5-7-19</u>	Date drilling completed: <u>5-7-19</u> Hole depth: <u>170</u> Hole diameter: <u>7 1/2"</u>
Location of the source of any surface water used for drilling: <u>running creek</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>granule chlorine</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet [above or <u>below</u> ] land surface Date measured: <u>5-7-19</u> (circle one)	
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____	
Well depth: <u>170</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.008</u> inches Setting depth: From <u>150</u> feet to <u>170</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole 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>	

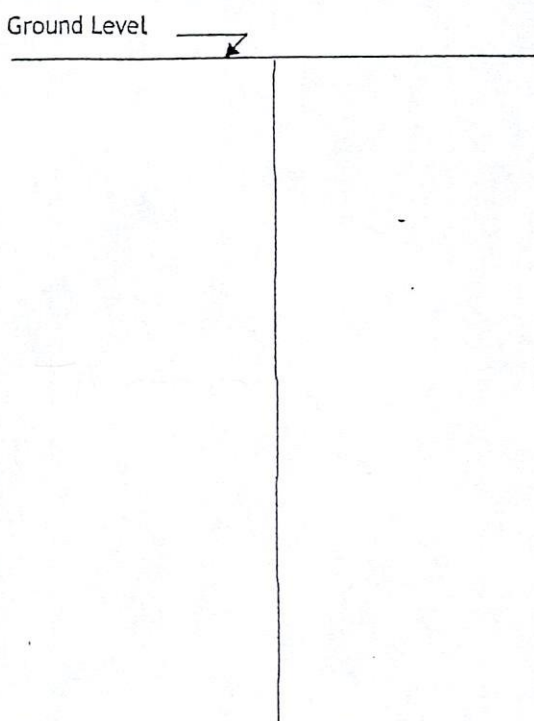
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BY OLWR

County: Walsh  
 Permit #: \_\_\_\_\_

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

The sketch below only required for water wells

If well telescopes, show depths on sketch.



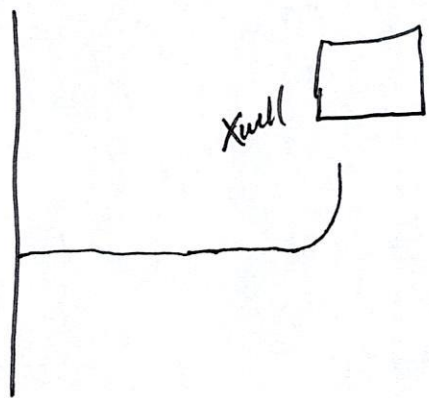
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground level	1
clay	1	20
dry sand	20	60
clay	60	100
sand & gravel	100	170

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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Landowner Name: Gary Ammons

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.

James M. Wells 00005889      8-5-19      James M. Wells  
 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: Walton  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 5-7-19  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: K 118  
 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>Gary Ammars</u>	Latitude: <u>31° 1' 4N</u> Longitude: <u>89° 58' 11W</u> <small>31° 1' 24"      -89° 58' 6.60"</small>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>144 Dexter-Centerville Rd.</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Tylertown MS 39067</u>	<u>SW</u> ¼ <u>MW</u> ¼, Sec. <u>26</u> T. <u>1N</u> R. <u>12E</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(985) 327-48-08</u>	

**Pump Type (circle one)**

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

Date Pump Installed: 5-7-19      Rated Pump Capacity: 12 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: 100 feet      Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5-7-19      Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 80 Feet Below Land Surface      Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 85 Feet Below Land Surface      Test Pumping Rate: 17 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.

James M. Wells 00005889      8-5-19      James M. Wells  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer