

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 #: D252  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: EW-47659  
Driller: J. NEWCOME 0773  
Date drilling completed: 2-28-14

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.

<b>Well Owner Information</b> (Landowner if borehole is not for a water well)			<b>Well or Borehole Location</b>		
Owner Name: <u>G.T. &amp; T. FARMS</u>			Latitude: <u>N33° 22' 30"</u> Longitude: <u>W91° 01' 10"</u>		
Mailing Address: <u>1844 JACQUELINE DRWE</u>			Method of Lat/Long (check one): Conventional Survey _____,		
_____			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>GREENVILLE</u>	<u>MS</u>	<u>38701</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>29</u> T <u>18N</u> R <u>8W</u>		
City	State	Zip Code	<u>2</u> Miles <u>S.E.</u> of <u>G.VILLE</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 2-28-14 Date drilling completed: 2-28-14 Hole depth: 97 Hole diameter: 24"

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

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): \_\_\_\_\_

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

Static Water Level: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
(circle one)

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

Well depth: 95 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 55 feet to 95 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*



# 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 #: D252

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

County: Washington  
Permit #: GW-217659  
Driller: J. Newcome 773  
Date completed: 2-28-14

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>GT+T Farms</u>	Latitude: <u>33° 22' 30"</u> Longitude: <u>91° 01' 10"</u>
Mailing Address: <u>1849 Jacqueline Dr</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Greenville</u> City <u>MS</u> State <u>38701</u> Zip Code	<u>SW 1/4 SW 1/4, Sec 29 T 18N R 8W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>S.E.</u> of <u>Greenville</u> (Distance) (Direction) (Nearest Town)

### Pump Type (circle one)

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

Date Pump Installed: 3-1-14 Rated Pump Capacity: 2000 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: 50<sup>HP</sup> Setting Depth: 70 feet Number of Stages: 1

### Pump Test Data for Non Flowing Well

Date Well Tested: Not Tested Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): Not Tested 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. Not Tested

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

### Meter Installation

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: No Meter 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.

Hubbard Stephens 741-P 4/10/14 Hubbard Stephens  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer