

# 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  
 (601)961- 5210  
 (601)961- 5228 (fax)

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: Cain  
 Date drilling completed: 5-4-2011

For Office Use Only:  
 Aquifer: F123  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Vardie Reynolds</u>	Latitude: <u>31° 46' 15"</u> Longitude: <u>89° 50' 57"</u>
Mailing Address: <u>172 Woodrow &amp; Reynolds Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Shubuta MS 39360</u>	USGS quad: <u>5W 1/4 SE 1/4 Sec 1 Twn 9N Rng 9W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles Direction: <u>South of</u> Nearest Town: <u>Ebectta ms</u>
Telephone No. <u>(601) 687-9953</u>	

**Well / Borehole Data**

Date drilling started: 5-2 Date drilling completed: 5-4 Hole depth: 180' Hole diameter: 4

Location of the source of any surface water used for drilling: Community System well  
 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 (check 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 (check one): Home Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 80' feet above or below (circle one) land surface Date measured: 5-4-2011

Method of Measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_

Well depth: 180' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

MS water well Drilling  
 ML# 0-374

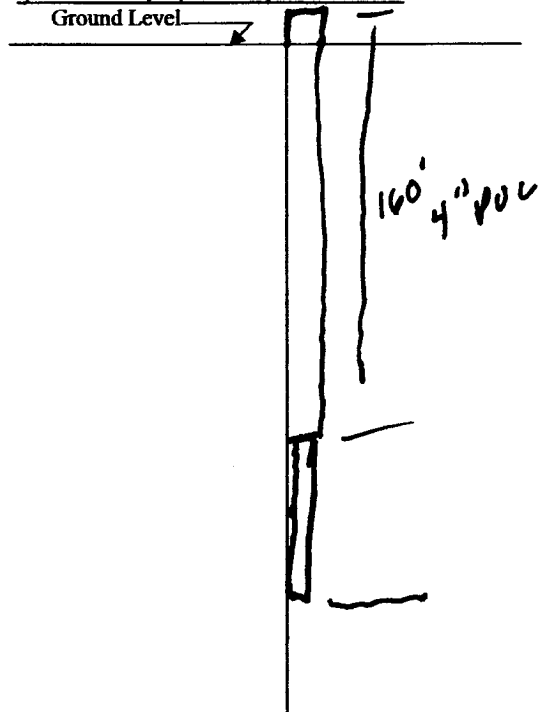
Nehran Cain

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

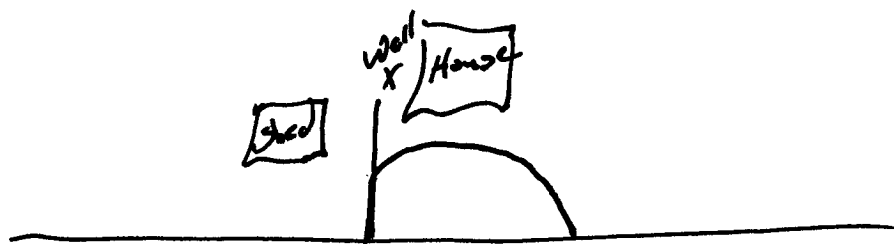


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil & Clay	Ground Level	20
Clay	20	60
Rock	60	61
Clay	61	74
Rock	74	75
Clay	75	79
Rock	79	90
Clay	90	105
Rock	105	106
Sand	106	120
Rock	120	122
Sand	122	135
Rock	135	137
<del>Clay</del>	<del>137</del>	<del>137</del>
Clay	137	137
Honey Comb Rock	137	180

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) a north arrow.



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Landowner Name: Verdine Reynolds

Form: OLWR-SWR-1A (04/08)

I 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.

MS Water Well Drilling 5-21-11  
Print Name of Responsible Licensee and License No. ML# 0-374

Date

Nelson Cain  
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  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Wayne

Permit #: \_\_\_\_\_

Driller: Cain

Date completed: 5-4-2011

*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>Vardie Reynolds</u>	Latitude: <u>31° 46' 15"</u> Longitude: <u>88° 50' 53"</u>
Mailing Address: <u>172 Woodrow</u> <u>Reynolds Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shubuta</u> <u>MS</u> <u>39360</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>1</u> T <u>9N</u> R <u>9W</u>
Telephone No. <u>(601) 687-9953</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>South</u> of <u>Eucetta MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-4-2011</u>	Setting Depth: <u>155'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>5-4-2011</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>13</u> Gallons Per Minute	<u>40</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ML Water Well Drilling Melvin Cain  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

ML# 0-374

Form: OLWR-SWR-1C (07-09)

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