

1117 Pitard 28 H-1

# 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 #: C46  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 1-20-14

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.

| Well Owner Information<br><small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location  |
|--|--|
| Owner Name: <u>Encana</u>  | Latitude: <u>31°06'05.8"</u> Longitude: <u>91°05'24.2"</u>   |
| Mailing Address: <u>14001 N Dallas Pkway Ste 100</u><br><u>Dallas TX 75240</u>           | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____      |
| City _____ State _____ Zip Code _____  | <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ , Sec <u>28</u> $\checkmark$ T <u>2N</u> $\checkmark$ R <u>1E</u> $\checkmark$ |
| Telephone No. (____) _____   | <u>1</u> Miles <u>NW</u> of <u>Centreville</u><br>(Distance) (Direction) (Nearest Town)  |

#### Well / Borehole Data

Date drilling started: 1-20-14 Date drilling completed: 1-20-14 Hole depth: 310' Hole diameter: 7  
 Location of the source of any surface water used for drilling: Fire Hydrant  
 Method of dosing and volume of Chlorine used in drilling and development: added 6 gallons of bleach  
 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): rig supply  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 120 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: 300 Well grouted to a depth of: 50 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted  
 Screen slot size: .010 inches Setting depth: From 240 feet to 300 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 #: C46

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

County: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 1-20-14  
*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>Encana</u>   | Latitude: <u>31°06'05.8"</u> Longitude: <u>91°05'24.2"</u>  |
| Mailing Address: <u>14001 N Dallas Pkwy ste 1000A</u><br><u>Dallas TX 75240</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____   | <u>SW 1/4 Sec 28 T 2N R 1E</u>  |
| Telephone No. (____) _____  | <u>1</u> Miles <u>NW</u> of <u>Centerville</u><br>(Distance) (Direction) (Nearest Town)                                 |

**Pump Type (circle one)**

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

Date Pump Installed: 1-31-14    Rated Pump Capacity: 85 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: 7.5    Setting Depth: 200 feet    Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-20-14    Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 120 Feet Below Land Surface    Pumping Water Level (B): 180 Feet Below Land Surface

Drawdown [(B) - (A)]: 60 Feet Below Land Surface    Test Pumping Rate: 85 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.

John W Thompson 0-679    8-18-14    John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)    Date    Signature of Pump Installer