

# 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: BENTON  
Permit #: MS-GW-16866 ✓  
Driller: GARNER M. HOUSTON  
Date drilling completed: 4-12-11

For Office Use Only:  
Aquifer: A50  
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>DAVID SKUODER</u>	Latitude: <u>34° 59' 13"</u> Longitude: <u>89° 17' 39"</u>
Mailing Address: <u>701 FAYETTE CORNER RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>SONARVILLE</u> TN <u>38068</u>	<u>NE 1/4 NW 1/4</u> Sec <u>22</u> ✓ Twn <u>01S</u> ✓ Rng <u>07W</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. <u>(731) 345-0595</u>	

**Well / Borehole Data**

Date drilling started: 4-12-11 Date drilling completed: 4-12-11 Hole depth: 135 Hole diameter: 21

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

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: 45 feet above or below (circle one) land surface Date measured: 4-12-11

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

Well depth: 135 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 12 inches Type of casing: SDR160

Screen length: 40 feet Screen diameter: 12 inches Type of screen: SDR160

Screen slot size: .032 inches Setting depth: From 95 feet to 135 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: NA feet. *If telescoped or more than one screen, describe on next page*

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

RECEIVED  
APR 13 2011  
BY: [Signature]



# 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 #: A50  
 Elevation: \_\_\_\_\_

County: BENTON  
 Permit #: MS-GW-16866  
 Driller: GARNER M. HOUSTON  
 Date completed: 4-12-11

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>DAVID SKUPPAR</u>	Latitude: <u>34°59'13"</u> Longitude: <u>89°17'39"</u>
Mailing Address: <u>701 FAYETTE CORNER RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SMERKOVUE TN 38068</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(731) 345-0595</u>	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>22</u> T <u>01S</u> R <u>01W</u>
	Distance _____ Direction _____ Nearest Town _____ <u>4 1/2</u> Miles <u>W</u> of <u>MCKENNA CITY</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <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): <u>NA</u>	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>July 6, 2011</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>700</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>July 6, 2011</u>	Circle one
Static Water Level (A): <u>45</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Test Pumping Rate: <u>700</u> Gallons Per Minute	Well yielded <u>NA</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	<u>NA</u> feet after <u>6</u> hours of pumping

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.

GARNER HOUSTON 4NR-0424 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer