

## STATE WELL REPORT

County: Benton  
 Permit #: \_\_\_\_\_  
 Driller: Wilson Well - 565  
 Date drilling completed: 5-28-13

Part I  
 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 #: BAA  
 Aquifer: \_\_\_\_\_  
 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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>Michael Folk</u>	Well or Borehole Location Latitude: <u>3A-56-56</u> Longitude: <u>81C9C3</u>
Mailing Address: <u>15359 Highway 72</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Ashland</u> <u>Ms.</u> <u>38683</u> City State Zip Code	<u>SE 1/4 SW 1/4, Sec 36 T 15 R 1E</u> _____ Miles <u>E</u> of <u>Ashland</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 491-1010</u>	

Well / Borehole Data	
Date drilling started: <u>5-28-13</u>	Date drilling completed: <u>5-28-13</u> Hole depth: <u>160'</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>Water Supply</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Water - 50 PPM</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) _____	
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 <u>Irrigation</u> <u>Fish Culture</u>	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet (above or below) land surface Date measured: <u>5-28-13</u> (circle one)	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>PVC Pipe</u>	
Well depth: <u>160</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>140</u> feet to <u>160</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development	
Other (describe): <u>RECORDED</u>	
Top of tap pipe or reduction in casing: <u>NA</u> feet	
If telescoped or more than one screen, describes on next page	

JUL 01 2013  
 Form: OLWR-SWR-1A (4/13)

BY: OLWR



## 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) 360-0335 (fax)

County: Newton  
Permit #: \_\_\_\_\_  
Driller: Wilson Well - 565  
Date completed: 5-28-13  
Copy information from block on Part 1

For Office Use Only:  
Well #: B4A  
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>Mcleane Four</u>	Latitude: _____	Longitude: _____	
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____		
<u>15359 Highway 72</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
<u>Asheboro</u> State <u>NC</u>	<u>1/4</u> Sec. <u>36</u> T. <u>15</u> R. <u>1E</u>		
City _____	<u>3</u> Miles <u>E</u> of <u>Porter</u> <u>and</u>		
Zip Code <u>38688</u>	(Distance) (Direction)	(Nearest Town)	
Telephone No. <u>(662) 471-1010</u>			

<input checked="" type="checkbox"/> Submersible	<input type="checkbox"/> Turbine	<input type="checkbox"/> Air Lift	<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Flowing Well	<input type="checkbox"/> Jet	<input type="checkbox"/> Piston	<input type="checkbox"/> Rotary	<input type="checkbox"/> Other (describe): _____
Date Pump Installed: <u>5-28-13</u> Rated Pump Capacity: <u>80</u> Gallons Per Minute								
Is This Pump (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement								
Power Type (circle one)								
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Tractor PTO	<input type="checkbox"/> Windmill	Other (describe): _____		
Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____								

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>5-28-13</u>	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>80</u> Feet Below Land Surface	Pumping Water Level (B): <u>140</u> Feet Below Land Surface
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Test Pumping Rate: <u>80</u> Gallons Per Minute
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>Asc - Reason file</u>	
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): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> 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.

Rodney D. Wilson 0-478 5/29/13 Rodney D. Wilson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (1/13)

BY: OLWR