

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K 30  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Benton  
Permit #: 4" Well  
Driller: Rodney Tatum  
Date drilling completed: 8-15-15

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>DANNY KENNEDY</u>	Latitude: <u>34° 43' 0"</u> Longitude: <u>89° 17' 2"</u>
Mailing Address: <u>4020 Lower Gurley RD</u> <u>Potts Camp</u> <u>ASHLAND MS 38603</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 587-5101</u>	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>22</u> Twn <u>45</u> Rng <u>1W</u>
	Distance Direction Nearest Town <u>5.2</u> Miles <u>NINE</u> of <u>Potts Camp, MS</u>

**Well / Borehole Data**

Date drilling started: 8-15-15 Date drilling completed: 8-15-15 Hole depth: 360' Hole diameter: 4"

Location of the source of any surface water used for drilling: Well at Somerville, TN Shop

Method of dosing and volume of Chlorine used in drilling and development: HTH Chlorine mixed 5 gal Bucket 3205

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: 130' feet above of below (circle one) land surface Date measured: 8-15-2015

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

Well depth: 360 Well grouted to a depth of 300 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

Screen length: 20' feet Screen diameter: 4 inches Type of screen: PVC SCH 40

Screen slot size: .010 inches Setting depth: From 340' feet to 360' 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*

Form: OLWR-SWR-1A (04/08)  
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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  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K 30  
 Elevation: \_\_\_\_\_

County: Benton  
 Permit #: \_\_\_\_\_  
 Driller: Rodney Tatum  
 Date completed: 8-15-2015  
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>DANNY KENNEDY</u>	Latitude: <u>34 43 0</u> Longitude: <u>89 17 2</u>
Mailing Address: <u>4020 Lower Gasky</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Potts Camp</u> MS <u>38603</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec <u>27</u> T <u>4S</u> R <u>1W</u>
Telephone No. <u>(662) 587-5101</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Pump Type	Power Type
Air Lift Circle one Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>8-15-2015</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>8-15-2015</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>130'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>760' 30"</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>25</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

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

Gary Smith #6595  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

SEP 02 2015

BY: OLWR