

# 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 #: B 195  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-47846  
Driller: Joel Jumper  
Date drilling completed: 1-29-14

*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>Dale Schmidt</u>  | Latitude: <u>34-06-43</u> Longitude: <u>90-39-49</u>   |
| Mailing Address: <u>1630 Bobo</u><br><u>New Africa Road</u>                              | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Clarksdate</u> <u>Ms</u> <u>38614</u>   | <u>SE</u> ¼ <u>NE</u> ¼, Sec <u>24</u> T <u>26N</u> R <u>05W</u>   |
| City State Zip Code  | <u>2</u> Miles <u>SE</u> of <u>Bobo</u>  |
| Telephone No. (____) _____   | (Distance) (Direction) (Nearest Town)  |

| Well / Borehole Data  |
|---|
| Date drilling started: <u>1-29-14</u> Date drilling completed: <u>1-29-14</u> Hole depth: <u>105</u> Hole diameter: <u>28in</u>   |
| Location of the source of any surface water used for drilling: <u>Nearest Well</u>  |
| Method of dosing and volume of Chlorine used in drilling and development: _____   |
| Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ |
| Name of organization running log(s): _____  |
| Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump<br><input type="checkbox"/> Seismic Survey Other (describe) _____  |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i>  |
| Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture  |
| Other (describe): _____   |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____  |
| Static Water Level: <u>35</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>1-29-14</u><br><small>(circle one)</small>   |
| Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape Air line Other (describe): _____  |
| Well depth: <u>105</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix   |
| Casing length: <u>65</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>  |
| Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>  |
| Screen slot size: <u>0.50</u> inches Setting depth: From <u>0.65</u> feet to <u>70</u> feet   |
| Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel-packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development  |
| Other (describe): _____   |
| Top of lap pipe or reduction in casing: _____ feet  |

*If telescoped or more than one screen, describe on next page*

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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 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

County: Bolivar  
Permit #: GW-47846  
Driller: Joel Sumner  
Date completed: 1-29-14  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: B195  
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>Dale Schmidt</u>                           | Latitude: <u>34-06-43</u> Longitude: <u>90-39-48</u>   |
| Mailing Address: <u>1130 Bobo</u><br><u>New Africa Rd</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Clarksdale</u> <u>Ms</u> <u>38614</u>                  | <u>SE</u> ¼ <u>NE</u> ¼, Sec. <u>24</u> T. <u>26N</u> R. <u>05W</u>  |
| City State Zip Code                                       | <u>2</u> Miles <u>SE</u> of <u>Bobo</u>  |
| Telephone No. ( ) _____                                   | (Distance) (Direction) (Nearest Town)  |

**Pump Type (circle one)**

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

Date Pump Installed: 1-29-14 Rated Pump Capacity: 3000 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: 100 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-29-14 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 48 Feet Below Land Surface

Drawdown [(B) - (A)]: 48 Feet Below Land Surface Test Pumping Rate: 3000 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 3000 GPM with a drawdown of 48 feet after 8 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.

Joel Sumner 5317 1-29-14 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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