

# State Well Report

## Part I - 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: Bolivar  
Permit #: GW-48843  
Driller: Joel Jumper  
Date drilling completed: 10-1-15

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B207  
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>Luke Gables</u>	Latitude: <u>34 01 27</u> Longitude: <u>90 41 41</u>
Mailing Address: <u>4748 Palmer Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Clarksdale Ms 38614</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 23 Twn 25N Rng 05W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4</u> Miles <u>E</u> of <u>Duncan</u>
Well / Borehole Data	
Date drilling started: <u>10-1-15</u> Date drilling completed: <u>10-1-15</u> Hole depth: <u>115</u> Hole diameter: <u>24</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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<b>If drilling is not related to water well construction, skip the remainder of this block</b>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>42</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>10-2-15</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>115</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>75</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</u> feet to <u>70</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>	

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

RECEIVED  
NOV 04 2015  
ENVIRONMENTAL QUALITY

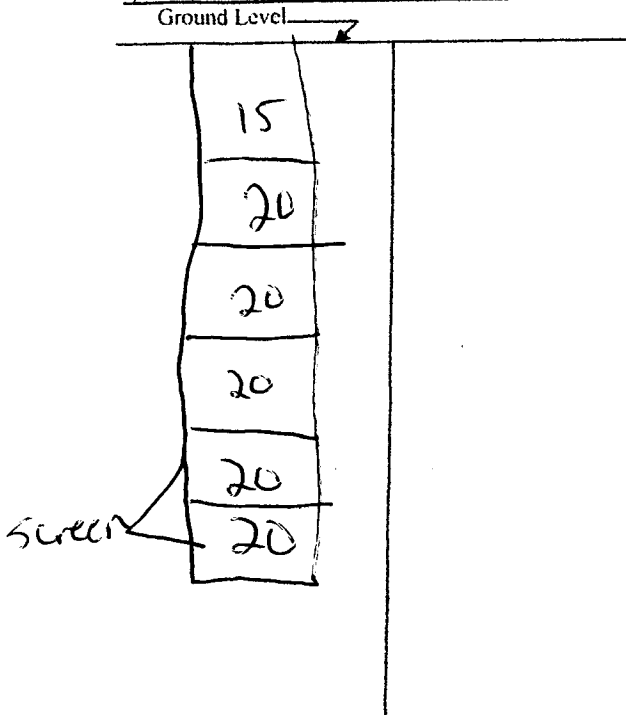
B207

The sketch below only required for water wells

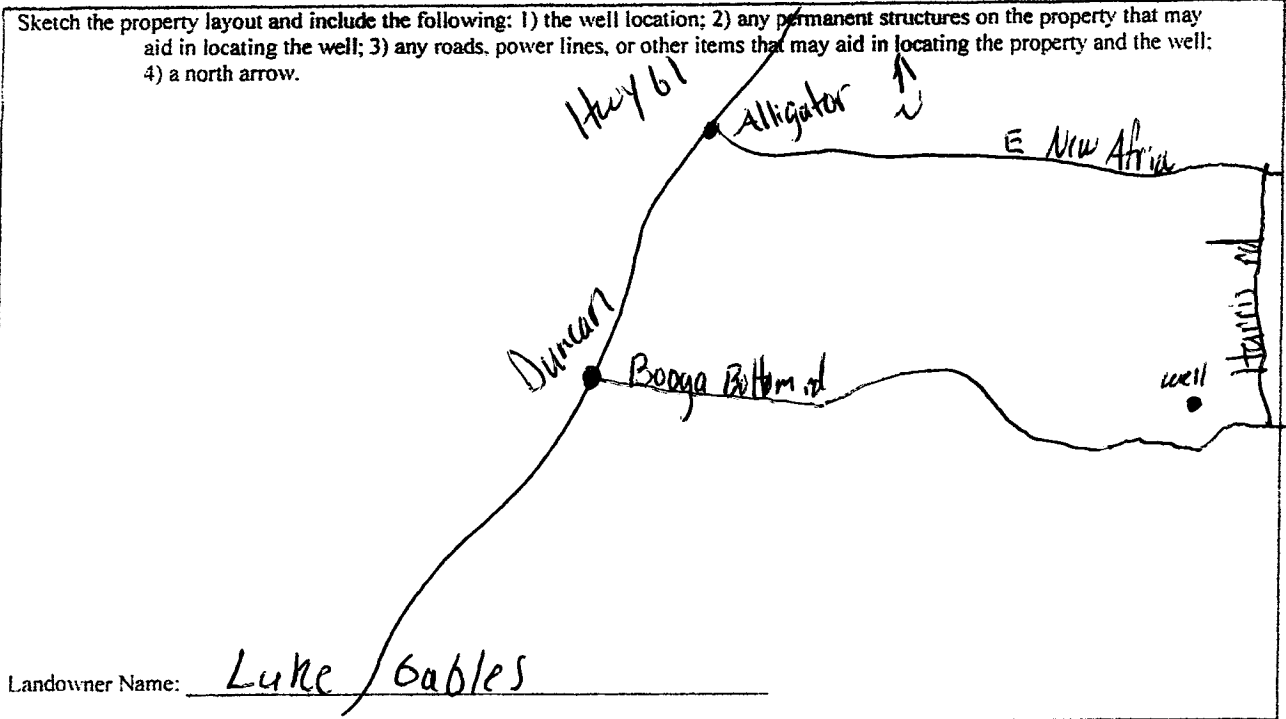
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	20
clay	20	40
lsand	40	60
course sand	60	80
course sand	80	100
gravel + sand	100	115



If more than one screen, show location of each on sketch



Form: OI.WR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joe Jumper 5317 10-2-15 [Signature] RECEIVED NOV 04 2015

Print Name of Responsible Licensee and License No. Date Signature of Licensee

BY OI.WR

# 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-48843  
 Driller: Joel Jumper  
 Date completed: 10-1-15  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: B207  
 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>Luke Gables</u>	Latitude: <u>34 01 27</u> Longitude: <u>90 41 41</u>
Mailing Address: <u>4748 Palmer 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>SW 1/4 NW 1/4, Sec 23 T 25N R 05W</u>
City State Zip Code	<u>4</u> Miles <u>E</u> of <u>Duncan</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: 10-1-15 Rated Pump Capacity: 2200 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: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-2-15 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 42 Feet Below Land Surface Pumping Water Level (B): 54 Feet Below Land Surface

Drawdown [(B) - (A)]: 54-42 Feet Below Land Surface Test Pumping Rate: 2200 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 2200 GPM with a drawdown of 12 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 Jumper 5317 10-2-15 [Signature] NOV 04 2015

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

Form: OLWR-SWR-1B (4/13)