

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 #: B96
Aquifer:
E-Log #:

County: Clark
Permit #:
Driller: John W Thompson
Date drilling completed: 6-21-18

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: Daniel Lewis
Mailing Address: 345 Church St Enterprise MS 39330
City State Zip Code
Telephone No. (601) 678-8791
Well or Borehole Location
Latitude: 32°10'23.2" Longitude: 88°47'49.4"
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4, Sec 19 T 4 N R 15 E
1 Miles E of Enterprise
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 6-19-18 Date drilling completed: 6-21-18 Hole depth: 280 Hole diameter: 8
Location of the source of any surface water used for drilling: Hydrant
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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 68 feet (above or below land surface) Date measured: 6-21-18
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 280 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted
Screen slot size: .008 inches Setting depth: From 240 feet to 280 feet
Type of completion (circle all applicable): Gravel packed Underreamed 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

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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)

For Office Use Only:

Well #: B96
Aquifer: _____

County: Clark
Permit #: _____
Driller: John W Thompson
Date completed: _____
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>Daniel Lewis</u>			Latitude: <u>N32°10'23.2"</u>	Longitude: <u>W88°47'49.4"</u>	
Mailing Address: <u>345 Church St</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Enterprise MS 39330</u>			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City _____	State _____	Zip Code _____	NE ¼ SE ¼, Sec <u>19</u> T <u>4N</u> R <u>15E</u>		
Telephone No. (____) _____			<u>1</u> Miles <u>E</u> of <u>Enterprise</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 6-21-18 Rated Pump Capacity: 10 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: 1 Setting Depth: 100 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
Date Well Tested: 6-21-18 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 68 Feet Below Land Surface Pumping Water Level (B): 91 Feet Below Land Surface
Drawdown [(B) - (A)]: 23 Feet Below Land Surface Test Pumping Rate: 50 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 _____ 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): 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.

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
John W Thompson 0-679 7-6-18 John W Thompson
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Google Maps 32°10'23.2"N 88°47'49.4"W



Google

Map data ©2018 Google

1000 ft

