

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J 194  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Cochosoma  
Permit #: GW-47829  
Driller: Joel Jumper  
Date drilling completed: 1-16-14

**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.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Farmers National Com</u>	Latitude: <u>34° 09' 45"</u> Longitude: <u>90° 39' 23"</u>
Mailing Address: <u>Po Box 832</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hernando</u> City <u>Ms</u> State <u>38632</u> Zip Code	USGS quad, <u>SE 36 1/4 SW 1/4 Sec 36</u> Twn <u>27N</u> Rng <u>04W</u>
Telephone No. ( ) _____	Distance <u>2</u> Miles Direction <u>S</u> of Nearest Town <u>Clarksdale</u>

**Well / Borehole Data**

Date drilling started: 1-16-14 Date drilling completed: 1-16-14 Hole depth: 117 Hole diameter: 28 in

Location of the source of any surface water used for drilling: Nearest well

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 (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: 33 feet above or below (circle one) land surface Date measured: 1-16-14

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

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 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)

RECEIVED

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: Cochamo  
 Permit #: GW-47829  
 Driller: Joel Sumner  
 Date completed: 1-16-14  
 Copy information from block on Part 1

**For Office Use Only:**

Well #: TT94  
 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>Farmers National</u>	Latitude: <u>34-09-45</u> Longitude: <u>90-39-23</u>
Mailing Address: <u>PO Box 832</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Hernando</u> <u>MS</u> <u>38632</u>	<u>SW 1/4</u> <u>SW 1/4</u> , Sec <u>3531</u> T <u>27N</u> R <u>04W</u>
City State Zip Code	<u>2</u> Miles <u>S</u> of <u>Clarksdale</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: 1-16-14 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: 60 Setting Depth: \_\_\_\_\_ feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-16-14 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 33 Feet Below Land Surface Pumping Water Level (B): 43 Feet Below Land Surface

Drawdown [(B) - (A)]: 43 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 43 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 1-16-14 Joel Sumner

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

RECEIVED

BY: OLWR