

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: A120  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Desoto  
Permit #: MS-6W-48738  
Driller: Tommy Peacock  
Date drilling completed: 4/23/15

**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>Elizabeth Burgess</u>	Latitude: <u>34° 57' 15.09"</u> Longitude: <u>90° 11' 21.05"</u>
Mailing Address: <u>4939 Stone Park Blvd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Olive Branch MS 38654</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW SE</u> 1/4 <u>41W</u> 1/4 Sec <u>31</u> Twn <u>01S</u> Rng <u>09W</u>
Telephone No. <u>(662) 781-0900</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>West</u> of <u>Walls, MS</u>
Well / Borehole Data	
Date drilling started: <u>4/23/15</u> Date drilling completed: <u>4/23/15</u> Hole depth: <u>115</u> Hole diameter: <u>22"</u>	
Location of the source of any surface water used for drilling: <u>ditch 1 mile North of well site</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>chlorinated in tanker</u>	
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 checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ 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 _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape 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>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>75</u> feet to <u>115</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. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SWR-1A

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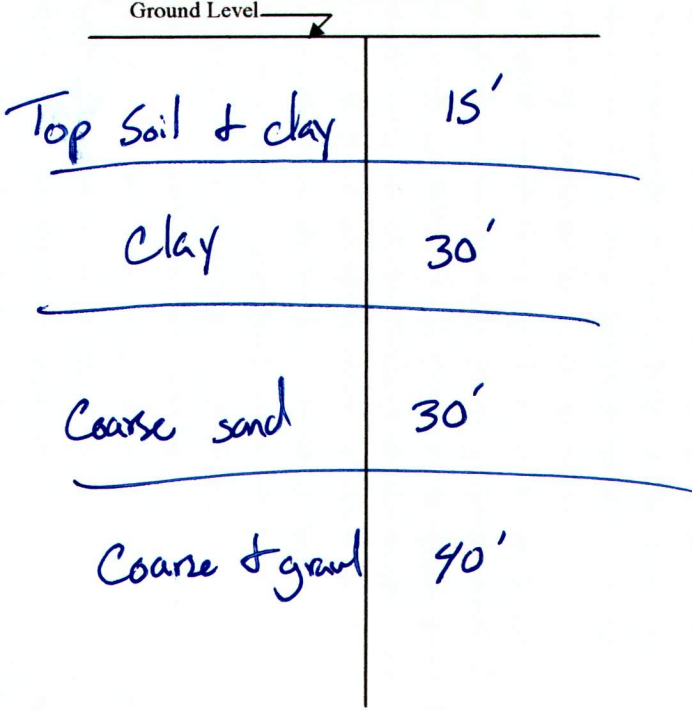
APR 29 2015

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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



Description of Formations Encountered	From (depth)	To (depth)
Top Soil & clay	Ground Level	15
clay	15	45
coarse sand	45	75
coarse & gravel	75	115

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: \_\_\_\_\_

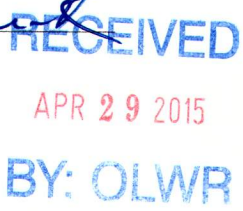
Form: OLWR-SWR-1A (04/08)

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.

Tommy Peacock Lic# 3409      4/24/15

*Tommy Peacock*

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



# 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 #: \_\_\_\_\_  
Aquifer: \_\_\_\_\_

County: DESOTO  
Permit #: GW-48738  
Driller: TOMMY PEACOCK  
Date completed: 4-23-15  
*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>ABBAY AG</u>	Latitude: <u>34° 57.15"</u> Longitude: <u>90° 11.28"</u>
Mailing Address: <u>P.O. BOX 146</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>WAUS</u> City <u>MS</u> State <u>38680</u> Zip Code	<u>SE</u> ¼ <u>NW</u> ¼, Sec <u>31</u> T <u>O1S</u> R <u>09W</u>
Telephone No. <u>(901) 270-8063</u>	<u>2.1</u> Miles <u>W</u> of <u>WAUS, MS</u> (Distance)      (Direction)      (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 6-30-15      Rated Pump Capacity: 750 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: 15      Setting Depth: 60 feet      Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_      Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface      Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface      Test Pumping Rate: \_\_\_\_\_ 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: \_\_\_\_\_

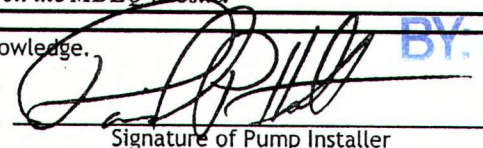
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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.

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

DAVID P. HOLT 0-752P      7-22-15      

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

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