

STATE WELL REPORT

County: DE SOTO
 Permit # _____
 Driller: ROB SMITH
 Date drilling completed: 6-4-18

Part 1
 Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39275-2309
 (601)961-5218
 (601)342-6535 (fax)

For Office Use Only:

Well #: D153
 Aquifer: _____
 Log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department of the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>SHARON + JEROMIAH BUNKS</u> <small>BUAH KEER</small>	Latitude: <u>35° 57' 48.98"</u> Longitude: <u>89° 45' 8.73"</u>
Mailing Address: <u>7072 ROLLINS</u> <u>CV.</u>	Method of Location (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>OLIVE BRANCH, MS 38654</u>	USGS quad _____, Fixed-rod GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 SW 1/4, Sec 29 T 15 R 5W</u>
Telephone No. <u>901 289-6752</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-4-18 Date drilling completed: 6-4-18 Hole depth: 170 Hole diameter: 8

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: 5 ppm

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) _____

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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: 110 feet above or below land surface Date measured: 6-4-18
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe) _____

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Mortar Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 TUBS inches Setting depth: From 150 feet to 170 feet

Type of completion (circle all applicable): Gravel pack 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

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: WISCONSIN
 Permit #: _____
 Driller: Bob Smith
 Date completed: 6-4-18
Copy information from block on Part 1

For Office Use Only:

Well #: D153
 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>SHARON JENNIFER BUNKS</u>	Latitude: <u>35° 57' 48.48"</u> Longitude: <u>89° 45' 8.73"</u>
Mailing Address: <u>7072 ROWINS COVE</u>	Method of Lat/Long (check one): Conventional Survey _____ Hand-held GPS _____ Survey-grade GPS _____
<u>OLIVE BRANCH MS. 38654</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 SW 1/4, Sec 29 T 1S R 5W</u>
Telephone No. <u>(901) 284-6752</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-4-18 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: 3/4 Setting Depth: 135 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 6-4-18 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 110 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Airline Other (describe): _____

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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.

Bob Smith 0645 9-1-18 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

