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DISY OLWR

County: 165070
 Permit #: 565
 Driller: Wilson Well Co.
 Date drilling completed: 2-19-2020

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>JOHN NEEGAARD</u>	Latitude: <u>34° 59' 30.78"</u> Longitude: <u>89° 44' 21.84"</u>
Mailing Address: <u>14221 STATE LINE ROAD</u> <u>OLIVE BRANCH</u> <u>MISSISSIPPI 38654</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec. <u>16</u> Twn <u>15</u> Rng <u>5W</u>
Telephone No. <u>(901) 268-8471</u>	Distance: <u>4</u> Miles Direction: <u>NE</u> of <u>OLIVE BRANCH</u>

Well / Borehole Data

Date drilling started: 2-19-2020 Date drilling completed: 2-19-2020 Hole depth: 200' Hole diameter: 4"

Location of the source of any surface water used for drilling: PUBLIC SUPPLY
 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: 100 feet above or below (circle one) land surface Date measured: 2-21-2020

Method of Measurement (circle one) steel tape electric tape air line other: PVC PIPE

Well depth: 200 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC 160/26

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC .013

Screen slot size: .013 inches Setting depth: From 190 feet to 200 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: NA 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
(601)961-5210
(601)961-5228 (fax)

County: DESOTO
Permit #: 565
Driller: Wilson Well Co.
Date completed: 2-19-2020
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: D154
Elevation: _____

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>JOHN NEERGAARD</u>	Latitude: <u>34 59 30.78</u> Longitude: <u>89 44 21.84</u>
Mailing Address: <u>14 221 STATE LINE ROAD</u> <u>OLIVE BRANCH</u> <u>MISSISSIPPI</u> <u>38654</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec. <u>16</u> T <u>15</u> R <u>5W</u>
Telephone No. <u>(901) 268-8471</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>NE</u> of <u>OLIVE BRANCH</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>2-21-2020</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>22-25</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-21-2020</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20-25</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Rodney Wilson 0-418
Print Name of Pump Installer and License No. (if applicable)

Rodney P. Wilson
Signature of Pump Installer

