

# 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 #: E178  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 12-20-16

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>BLAKE SANDERS</u>	Latitude: <u>34°52'26.71</u> Longitude: <u>90°6'54.01</u>
Mailing Address: <u>936 Mary Circle</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>LAKE COMMUNITY MS 38641</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NE 1/4, Sec 35 T 25 R 9W</u>
Telephone No. <u>(601) 208-2405</u>	<u>7</u> Miles <u>W</u> of <u>NESBIT</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>12-20-16</u> Date drilling completed: <u>12-20-16</u> Hole depth: <u>87</u> Hole diameter: <u>8"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>5 ppm</u>
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump
<input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>40</u> feet (above or below) land surface (circle one) Date measured: <u>12-20-16</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>LINE + WEIGHT</u>
Well depth: <u>87</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <u>Bentonite</u> <input checked="" type="checkbox"/> Mix
Casing length: <u>77</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>13 THOUS.</u> inches Setting depth: From <u>77</u> feet to <u>87</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Open hole <input type="radio"/> 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>

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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)951-5210  
 (601) 360-0535 (fax)

County: <u>DESOTO</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>12-20-16</u>
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>	
Well #: <u>E178</u>	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>BLAKE SANDERS</u>	Latitude: <u>34° 52' 26.71</u> Longitude: <u>90° 6' 54.01</u>
Mailing Address: <u>936 ALAN CARL</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>LAKE COMMONANT MS 38641</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NE 1/4, Sec 35 T 25 R 9W</u>
Telephone No. <u>(901) 208-2405</u>	<u>7</u> Miles <u>W</u> of <u>NESBIT</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
<input checked="" type="checkbox"/> Submersible	Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____
Date Pump Installed: <u>12-20-16</u>	Rated Pump Capacity: <u>10</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
Power Type (circle one)	
<input checked="" type="checkbox"/> Electric	Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____
Horse Power Rating of Motor: <u>3/4</u>	Setting Depth: <u>60</u> feet Number of Stages: <u>8</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: <u>12-20-16</u>	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>40</u> Feet Below Land Surface	Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Test Pumping Rate: <u>15</u> Gallons Per Minute
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): <u>LWP + WEIGHT</u>	

Pump Test Data for Flowing Well	
Measured shut in head: _____ feet	
Well yielded <u>15</u> GPM with a drawdown of _____ feet after _____ hours of pumping	

Meter Installation	
Meter Manufacturer: _____	Meter Serial Number: <u>RECEIVED</u>
Meter Model Number/Name: _____	Type of Meter: <u>JAN 13 2017</u>
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____	
Installation Date: _____	Meter installed by: <u>BY OLWR</u>
Is This Meter (circle one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement	
<i>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>	

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

<u>BOB SMITH 0645</u>	<u>1-11-17</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

