

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 #: K3.07
Aquifer: _____
E-Log #: _____

County: DESOTO
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 11-27-15

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.

Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>PAM FLOWERS</u>	Mailing Address: <u>4786 WHEELER</u>	Latitude: <u>34°44'40.65"N</u> Longitude: <u>90°04'30.07"W</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HERNANDO MS 38632</u>	City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____	<u>SW 1/4 SW 1/4 Sec. 517 T 45 R 8 W</u>
Telephone No. <u>(601) 429-9783</u>		<u>7</u> Miles <u>SW</u> of <u>HERNANDO</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data		
Date drilling started: <u>11-27-15</u>	Date drilling completed: <u>11-27-15</u> Hole depth: <u>203</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>2 PPM</u>		
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): <u>Water Well</u> 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 (circle all applicable): <u>Home</u> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____		
Other (describe): _____		
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____		
Static Water Level: <u>60</u> feet [above or <u>below</u>] land surface Date measured: <u>11-27-15</u>		
Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line _____ Other (describe): <u>LINE & WEIGHT</u>		
Well depth: <u>203</u> Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____		
Casing length: <u>193</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>193</u> feet to <u>203</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed _____ Open hole _____ Natural Development _____		
Other (describe): _____		
Top of tap pipe or reduction in casing: _____ feet		
If telescoped or more than one screen, describe on next page		

RECEIVED

Form: OLWR-SWR-1A (4/13)

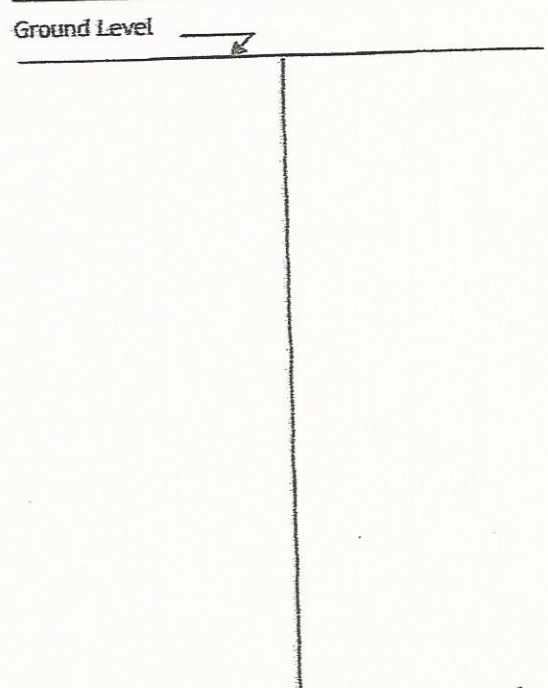
BY: OLWR

County: _____
 Permit #: _____

For Office Use Only:
 Well #: K 307

The sketch below only required for water wells
If well telescopes, show depths on sketch.

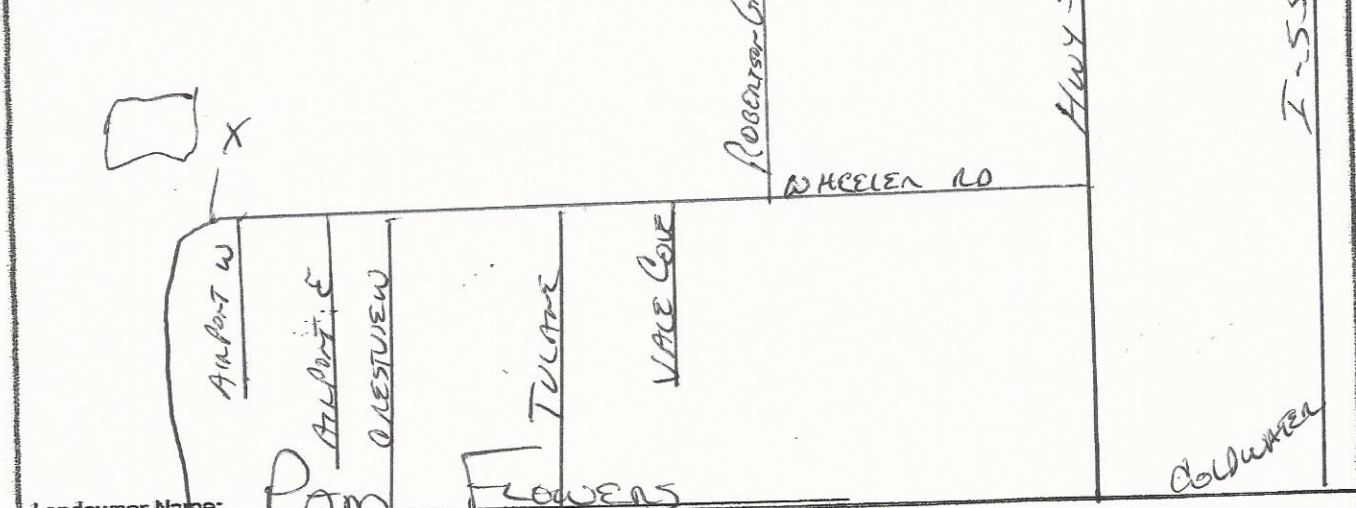
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	10
Brown Clay	10	18
Gravel	18	40
White Clay	40	70
Grey Clay	70	180
White Clay + Sand	180	185
White Sand	185	203

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) north arrow



Landowner Name: Pam Flowers

I HEREBY 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.

Bob Smith 0645 12-15-16 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1B (4/13)

DEC 18 2015

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)

For Office Use Only:

Well #: K 307
Aquifer: _____

County: DESOTO
Permit #: _____
Driller: Bob Smith
Date completed: 11-27-15
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>Pam Flowers</u>	Latitude: <u>34°44'40.65"N</u>	Longitude: <u>90°04'30.07"W</u>	
Mailing Address: <u>4786 WHEELER RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>HERNANDO</u> MS <u>38632</u>	_____ 1/4 _____ 1/4, Sec <u>517</u> T <u>4S</u> R <u>8W</u>		
City State Zip Code	<u>7</u> Miles <u>SW</u> of <u>HERNANDO</u>		
Telephone No. <u>(662) 429-9783</u>	(Distance)	(Direction)	(Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 11-27-15 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: 80 feet Number of Stages: 8

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 60 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): LINE + WEIGHT

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 12-16-15 [Signature]
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
Form: OLWR-SWR-2A (4/13)

RECEIVED
DEC 16 2015
BY: OLWR