

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)261-5210
(601)368-0535 (fax)

For Office Use Only:

Well #: K329
Aquifer: _____
E-log #: _____

County: DESOUD
 Permit #: _____
 Driller: Bob Smart
 Date drilling completed: 12-17-17

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>BERE BAILEY</u>	Latitude: <u>34°44'20.33</u> Longitude: <u>90°3'29.28</u>
Mailing Address: <u>3957 WHEELER RD</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>HERNAND MS 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 NW 1/4 Sec 16 T 4S R 8W</u>
Telephone No. <u>(901) 603-3919</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 12-17-17 Date drilling completed: 12-17-17 Hole depth: 135 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) _____

If drilling is not related to water well construction, sign the remainder of this report

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: 60 feet (above or below) land surface Date measured: 12-17-17
(circle one)

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

Well depth: 135 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 115 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 T(10)S inches Setting depth: From 115 feet to 135 feet

Type of completion (circle all applicable): Gravel packed 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

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STATE WELL REPORT

Part 2

County: DESOUD
 Permit #: _____
 Driller: Bob Smith
 Date completed: 12-17-17
 Copy Information from Block on Part 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2389
 Jackson, MS 39205-2389
 (601) 951-3240
 (601) 369-9555 (Fax)

For Office Use Only:
 Well: K329
 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 filed with the Department of the same within 30 days of well completion.

Well Owner Information
 Owner Name: BATTLE BAILEY
 Mailing Address: 3957 WHEELER RD
HERNANDO MS 38632
 City: _____ State: _____ Zip Code: _____
 Telephone No. 901 603-3919

Well Location
 Latitude: 34°44'20.33 Longitude: 90°3'29.28
 Method of Lat/Long (check one): Conventional Survey
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ miles _____ of _____ (Nearest Town)
 (Distance) (Direction)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 12-17-17 Rated Pump Capacity: 10 Gallons Per Minute
 Is This Pump (circle one): New Replaced Replacement
 Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 3/4 Sinking Depth: 80 feet Number of Stages: 8

Pump Test Data for Non-Flowing Well
 Date Well Tested: 12-17-17 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: 12 Gallons Per Minute
 Method of measurement (circle one): Stand pipe Piezometer Air line Other (describe): _____
 Measured draw in feet: _____
 Well yielded 12 GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Information
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (1/4" x .001 gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Replaced Replacement
 Signature: By submitting the above information you are certifying that this meter was installed in accordance with the requirements of the MS DEP website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Bob Smith 0645 1-19-18 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
 Form DEQR-SWR-2A (4/17)

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