

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)369-9535 (fax)

For Office Use Only:

Well #: K-330

Aquifer: _____

Elev: _____

County: DESOTO
 Permit #: _____
 Driller: Bob Smart
 Date drilling completed: 5-12-18

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>Mr. W. G. I. T.</u>	Latitude: <u>34°44'33.69"</u> Longitude: <u>90°2'9.66"</u>
Mailing Address: <u>2733 WHEELER</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>MO</u>	<input type="checkbox"/> USGS quad _____ <input type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____
City: <u>HERNANDO</u> State: <u>MS</u> Zip Code: <u>38635</u>	<u>NE 1/4 NW 1/4, Sec 15 T 4S R 8W</u>
Telephone No. <u>(662) 424-0680</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-12-18 Date drilling completed: 5-12-18 Hole depth: 155 Hole diameter: 8

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

Method of closing 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, skip the remainder of this block

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: 70 feet above or below land surface Date measured: 5-12-18
 (circle one)

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

Well depth: 155 feet Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Mix

Casing length: 175 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 3.75005 inches Setting depth: From 145 feet to 155 feet

Type of completion (circle all applicable): Gravel pack Underscreened Open hole Natural Development

Other (describe): _____

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STATE WELL REPORT

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 5-12-18
 (Copy information from this report to Part 2)

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2389
 Jackson, MS 39202-2389
 (601) 961-5240
 (601) 369-0555 (fax)

For Office Use Only:
 Well #: 4330
 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 this report must be submitted with this report to the Department of the above address within 30 days of final completion.

Well Owner Information		Well Location	
Owner Name: <u>Mr. Wilbert</u>	Latitude: <u>34°44.32.69</u>	Longitude: <u>90°2' 9.66</u>	
Mailing Address: <u>2733 WHEELER</u>	Method of Location (check one): <u>Conventional Survey</u>		
<u>HERNANDO MS 38632</u>	USGS quad: _____	Hand-held GPS: _____	Survey-grade GPS: _____
City: _____ State: _____ Zip Code: _____	NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 15 T 4S R 8W		
Telephone No. <u>661 479-0680</u>	(Distance)	(Direction)	(Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-12-18 Rated Pump Capacity: 10 Gallons Per Minute

In This Pump (circle one): New Replaced Replacement

Power Type (circle one)

Motor Wind Solar Manual Gas Tractor PTO Windmill Other (describe): _____

Motor Power Rating of Motor: 3/4 Horsepower 100 Feet Number of Stages: 8

Pump Test Data for Non-Flowing Well

Date Well Tested: 5-12-18 Direction of Pump Test (indicate in hours): _____

Static Water Level (ft): _____ Feet Below Land Surface Pumping Water Level (ft): _____ Feet Below Land Surface

Drawdown (ft) - 10%: _____ Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute

Method of measurement (circle one): Direct tape Air Line Other (describe): _____

Pump Test Data for Flowing Well

Measured flow in barrel: _____

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (1/4 x 1000, 1/2 x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

In This Meter (circle one): New Replaced Replacement

Signature: _____

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

BOB SMITH 0645 6-2-18 _____
 Print Name of Pump Installer and License No. (if available) Date Signature of Pump Installer

Form DWNR-SWR-2A (6/15)

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