

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 10-12-18

# STATE WELL REPORT

278

**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)964-5240  
 (601)360-8535 (fax)

**For Office Use Only:**  
 Well #: K332  
 Aquifer: \_\_\_\_\_  
 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.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mark Williams</u>	Latitude: <u>34°49'55.43</u> Longitude: <u>90°2'57.09</u>
Mailing Address: <u>SUNSET FARMS</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Heanando</u> MS. <u>39632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 SE 1/4, Sec 9 T35 R8W</u>
Telephone No. <u>901 412-7270</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10-12-18 Date drilling completed: 10-12-18 Hole depth: 103 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, 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: 54 feet (above or below land surface (circle one) Date measured: 10-12-18

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

Well depth: 103 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bestonite Mix \_\_\_\_\_

Casing length: 93 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS inches Setting depth: From 10 feet to 103 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*

# 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)

County: DESOUD  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smart  
 Date completed: 10-12-18  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: K332  
 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>MARK WILLIAMS</u>	Latitude: <u>34°49'55.43</u> Longitude: <u>90°2'57.09</u>
Mailing Address: <u>SUNSET FARM</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hammond</u> MS <u>38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
Telephone No. <u>(901) 412-7270</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 10-12-18 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: 10-12-18 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 54 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 14 Gallons Per Minute

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

**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.

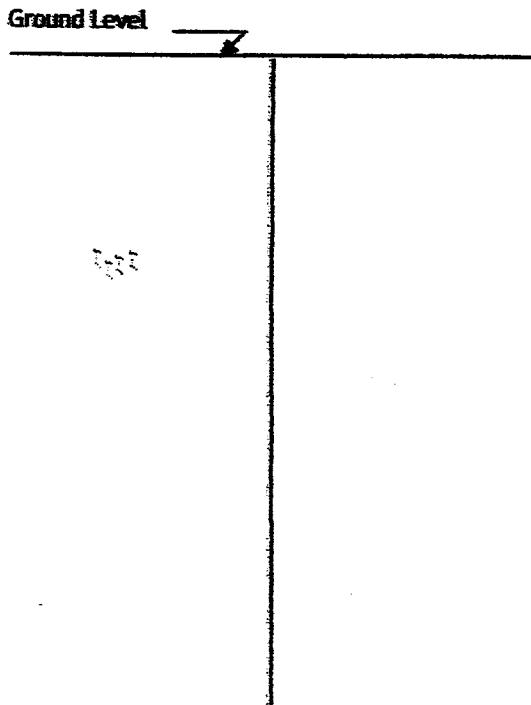
Bob Smart 0645 10-28-18 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: DESOUD  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: K332

The sketch below only required for water wells

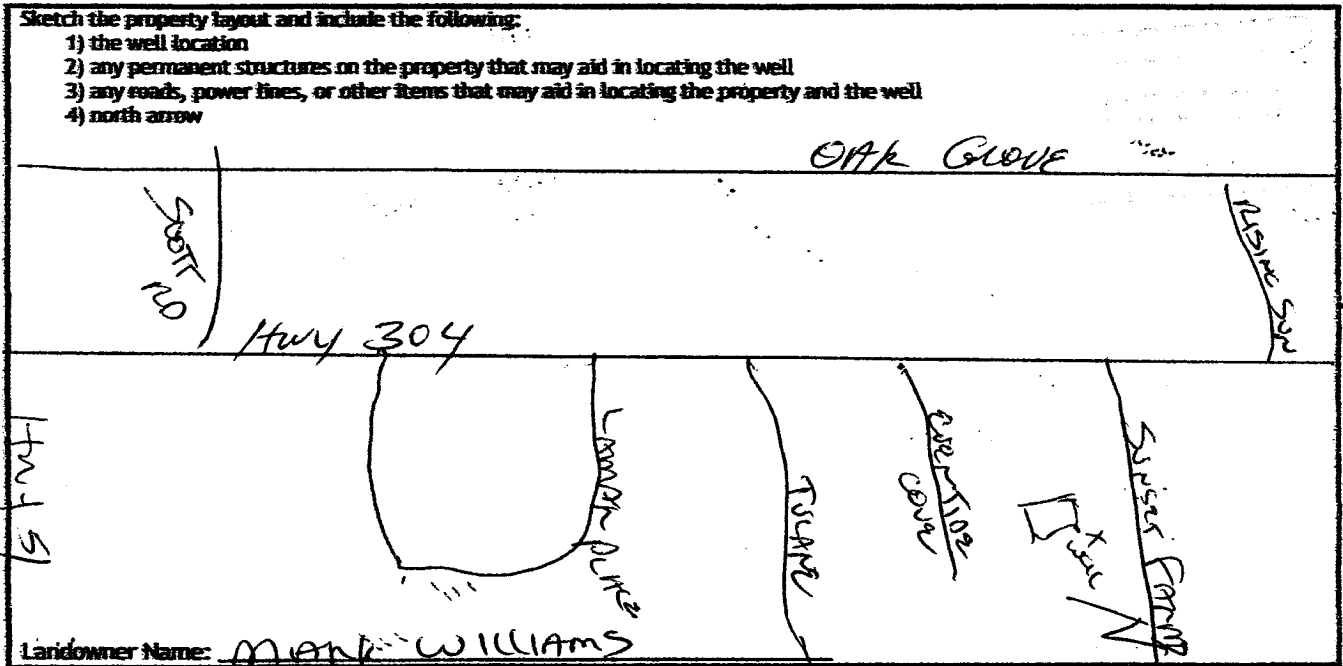
If well telescopes, show depths on sketch




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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	12
WHITE CLAY + SAND	12	40
WHITE CLAY	40	60
SAND - PEA GRAVEL	60	103

If more than one screen, show location of each on sketch



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 0695 10-28-18   
 Print Name of Responsible Licensee and License No. Date Signature of Licensee