

# State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: \_\_\_\_\_

Well #: L 144

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: DESOUD  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 11-23-14

State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information			Well Location		
Owner Name: <u>MIKE McOWEN</u>			Latitude: <u>34° 45' 14.60" N</u> Longitude: <u>89° 58' 33.53" W</u>		
Mailing Address: <u>LOVE SIMON</u> <u>HEMLOCK, MS 38632</u>			Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
City	State	Zip Code	Distance	Direction	Nearest Town
			<u>1/4 Miles N/W</u>		<u>of LOVE</u>
Telephone No. <u>(901) 240-3277</u>					
Well Data					
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____					
Date well drilling started: <u>11-23-14</u> Date well drilling completed: <u>11-23-14</u>					
If flowing, method of flow regulation: Valve _____ Other (describe) _____					
Static Water Level: <u>50</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>11-23-14</u>					
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>					
Hole Depth: <u>115</u> Well depth: <u>115</u> Well grouted to a depth of <u>10</u> feet					
Type of grout: (circle one): Cement <u>Bentonite</u> Mix					
Casing length: <u>95</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>					
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>					
Screen slot size: <u>13 T 4005</u> inches Setting depth: From <u>95</u> feet to <u>115</u> feet					
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____					
Top of lap pipe or reduction incasing: _____ feet. If telescoped or more than one screen, describe on back					
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____					
Name of organization running log(s): _____					
I certify that the well drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.					
Print name of Water Contractor and License No. <u>BOB SMITH 0-645</u>			Signature of Water Well Contractor <u>[Signature]</u>		

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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

For Office Use Only

Aquifer: \_\_\_\_\_  
Well #: L-144  
Elevation: \_\_\_\_\_

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BY: OLWR

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 11-23-14

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>MINE M<sup>C</sup>OWEN</u>	Latitude: <u>34°45'14.60" N</u> Longitude: <u>89°58'33.53" W</u>
Mailing Address: <u>LOT # 7</u> <u>LOVE STATION</u> <u>HERNANDO, MS 38652</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>NE 1/4 NE 1/4 Sec 17 Twn 74S Rng 12W</u>
Telephone No. <u>(901) 240-3377</u>	Distance <u>1/4</u> miles Direction <u>N/W</u> Nearest Town of <u>LOVE</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>11-23-14</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>11-23-14</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>50</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Pumping Water Level(B): _____ feet below Land Surface	
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>25</u> gallons per Minute	Well yielded <u>25</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test(minimum 4 hours): _____ hrs	

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

Bob Smith 0645 \_\_\_\_\_  
Print Name of Pump Installer and License No. Signature of Pump Installer

L144

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	25
WHITE CLAY	25	80
WHITE SAND	80	115

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

