

MAY 22 2017

STATE WELL REPORT BY OLWR

County: DE SOTO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 4-20-17

**Part I**  
**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 #: L157  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>RAY DENISON</u>	Latitude: <u>34°46'37.61</u> Longitude: <u>89°56'30.5</u>
Mailing Address: <u>2693 PLANK RD. NEW CREEK SUB</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>HENNABO, MS 38632</u> City State Zip Code	<u>NW 1/4 SE 1/4, Sec 33 T 35 R 7W</u>
Telephone No. <u>906 413-4007</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 4-20-17 Date drilling completed: 4-20-17 Hole depth: 154 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: 98 feet (above or below) land surface (circle one) Date measured: 4-20-17

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): LINE + WEIGHT

Well depth: 154 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 134 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 THOUS. inches Setting depth: From 134 feet to 154 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

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39275-2309

(601) 964-5240

(601) 360-0535 (fax)

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 4-20-17  
*Copy information from block on Part 1*

BY OLIVER  
 For Office Use Only:  
 Well #: L157  
 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>RAY DENISON</u>	Latitude: <u>39°46'37.61</u> Longitude: <u>89°56'30.5</u>
Mailing Address: <u>2693 PLANK RD</u> <u>CR 45</u> <u>CHER SUB.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>HEMMAWD, MS 38632</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 33 T 35 R 7W</u> Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>901 413-4007</u>	

Pump Type (circle one): Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 4-20-17 Rated Pump Capacity: 82 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: 1 1/2 Setting Depth: 120 feet Number of Stages: 71

Pump Test Data for Non Flowing Well  
 Date Well Tested: 4-20-17 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 98 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 25 Gallons Per Minute  
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): LWR + 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 5-17-17 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: DeSoto  
 Permit #: \_\_\_\_\_

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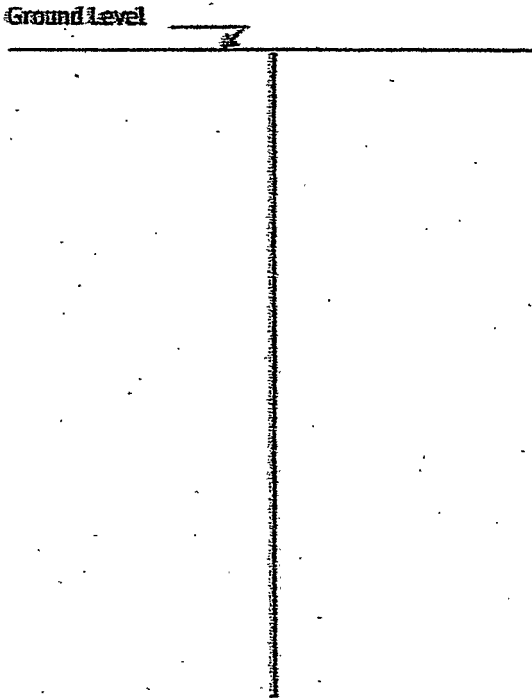
**For Office Use Only:**  
 Well #: L157

BY OLWR

The sketch below only required for water wells

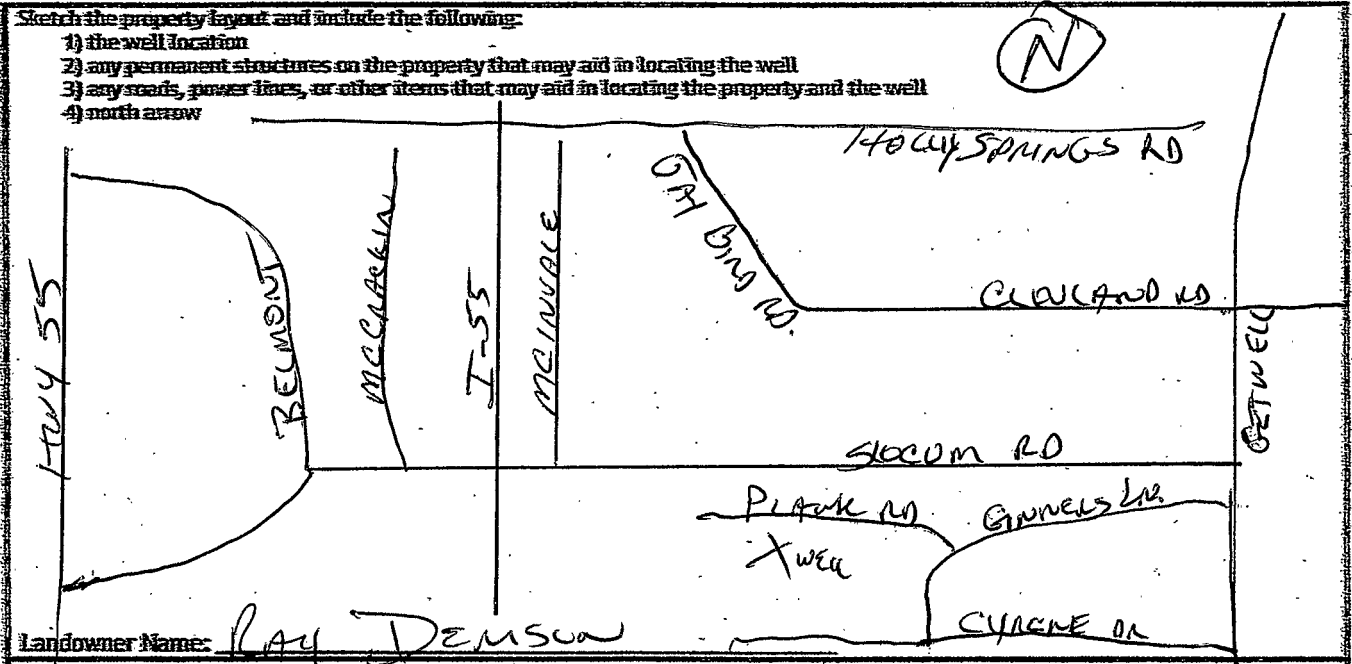
If well telescopes, show depths on sketch.

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	18
REDDISH CLAY	18	30
RED SAND + GRAVEL	30	46
WHITE CLAY	46	110
WHITE SAND + CLAY	110	130
WHITE SAND	130	154

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 5-17-17 [Signature]  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee  
 Form: OLWR-SWR-1B (4/13)