

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 8-17-18

# 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)961-5240  
 (601)360-0535 (fax)

### For Office Use Only:

Well #: N145C  
 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>Pentac Construction</u>	Latitude: <u>34°49'13.19</u> Longitude: <u>89°49'32.76</u>
Mailing Address: <u>9297 Holly Sucke Way</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Heanano</u> MS <u>38632</u>	<u>SW 1/4 SW 1/4, Sec 15 T 33 R 6W</u>
City _____ State _____ Zip Code _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>901 517-2044</u>	

**Well / Borehole Data**

Date drilling started: 8-17-18 Date drilling completed: 8-17-18 Hole depth: 150 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: 20 feet (above or below land surface) Date measured: 8-17-18  
(circle one)

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

Well depth: 150 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 140 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 140 feet to 150 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)

**For Office Use Only:**

Well #: MAS0  
 Aquifer: \_\_\_\_\_

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 8-17-18  
 Copy information from block on Part 1

*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>PERMAN CONSTRUCTION</u>	Latitude: <u>34°49'13.19</u> Longitude: <u>89°49'32.76</u>
Mailing Address: <u>9297 Honey Suckle Way</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HERMAN</u> <u>MS</u> <u>38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 SW 1/4, Sec 15 T 35 R 6W</u>
Telephone No. <u>(901) 517-2044</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: 8-17-18 Rated Pump Capacity: 22 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: 40 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 8-17-18 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 20 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): \_\_\_\_\_

**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

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SEP 17 2018

*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.

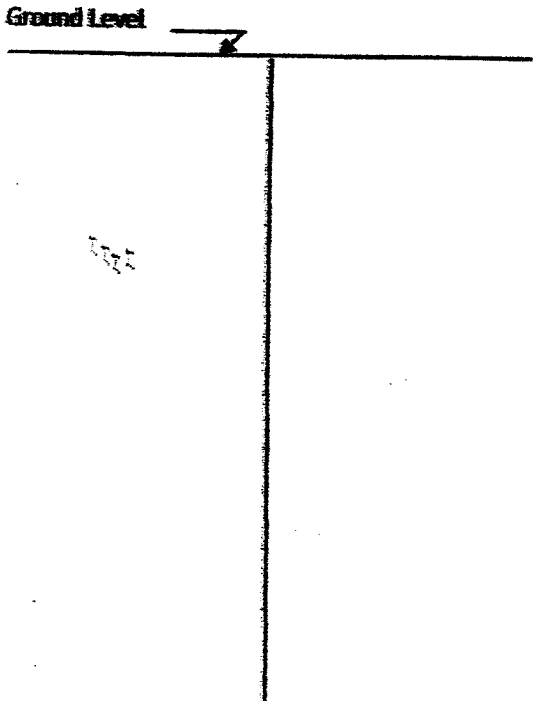
Bob Smith 0645 9-11-18 \_\_\_\_\_

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: DE SOTO  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: M450

The sketch below only required for water wells  
If well telescopes, show depths on sketch.



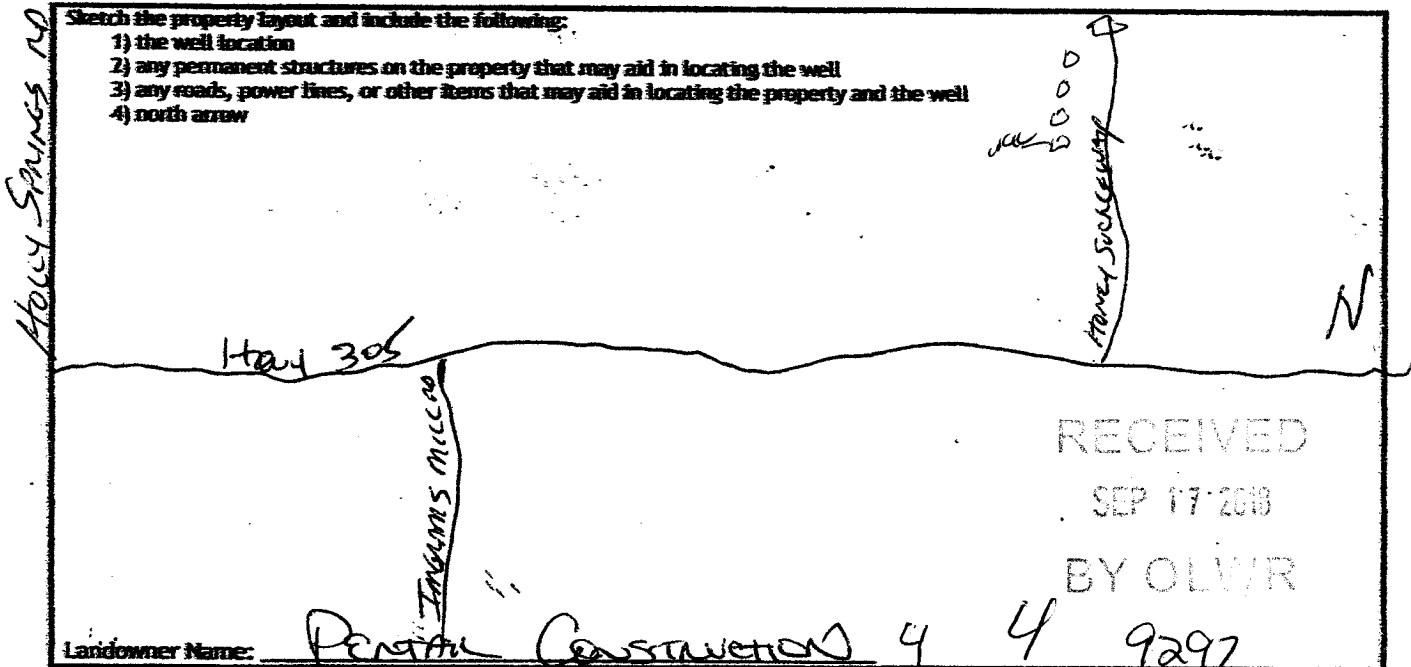
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	5
Brown CLAY	5	18
Red Sand + Gravel	18	24
Green CLAY	24	70
White CLAY	70	96
FINE SAND + CLAY	96	130
White SAND	130	150

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

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



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 BY OLWR

Landowner Name: PENTAL CONSTRUCTION 4 4 9297

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 0645 9-11-18 [Signature]  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee