

County: DESO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 10-15-18

# STATE WELL REPORT

384

**Part 1**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39275-2309  
 (601)964-5240  
 (601)360-8535 (Fax)

**For Office Use Only:**  
 Well #: M458  
 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>CUSTOMER PROPERTIES</u>	Latitude: <u>34°46'36.39</u> Longitude: <u>89°47'51.80</u>
Mailing Address: <u>5734 SYCAMORE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hermann MS 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4, Sec 35 T 35 R 6 W</u>
Telephone No. <u>(901) 428-8086</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10-15-18 Date drilling completed: 10-15-18 Hole depth: 70 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: 100 feet [above or below] land surface Date measured: 10-15-18  
 (circle one)

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

Well depth: 170 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 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 160 feet to 170 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 Smith  
 Date completed: 10-15-18  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: MA58  
 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>GUSTAFSON PROPERTIES</u>	Latitude: <u>31°46'36.39</u> Longitude: <u>89°47'57.80</u>
Mailing Address: <u>5734 SYCAMORE</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>HERNANDO MS</u> State: <u>MS</u> Zip Code: <u>38632</u>	<u>NE 1/4 SE 1/4, Sec 35 T 35 R 6W</u>
Telephone No. <u>(901) 428-8086</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: 10-15-18 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: 120 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-15-18 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 10 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 Smith 0645 10-28-18 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

