

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 1-26-19

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2389  
 Jackson, MS 39225-2389  
 (601)961-5210  
 (601)360-0535 (fax)

391

**For Office Use Only:**  
 Well #: M463  
 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>Home Work Com.</u>	Latitude: <u>31°47'25.10</u> Longitude: <u>89°48'11.07</u>
Mailing Address: <u>1000 CEDAR GROVE</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>HEMLOCK MS: 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SE 1/4, Sec 26 T 35 R 6 W</u>
Telephone No. <u>(901) 301-4272</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 1-26-19 Date drilling completed: 1-26-19 Hole depth: 171 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 RECEIVED

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: FEB 15 2019

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) (circle one) Date measured: 1-26-19

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

Well depth: 171 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 161 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 161 feet to 171 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 2389  
 Jackson, MS 39225-2309  
 (601) 261-5210  
 (601) 368-8535 (fax)

County: DESO TO  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 1-26-19  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: M463  
 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>Home Work Cens.</u>	Latitude: <u>39°47'25.10</u> Longitude: <u>89°48'11.07</u>
Mailing Address: <u>10007 CEDAR GROVE</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>HEWATWOOD</u> MS. <u>38632</u>	<u>SW ¼ SE ¼, Sec 26 T 35 R 6W</u>
City _____ State _____ Zip Code _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(701) 301-4272</u>	

**Pump Type (circle one)**

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

Date Pump Installed: 1-26-19 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: 140 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 1-26-19 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

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

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 12 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 12 GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: RECEIVED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_ FEB 15 2019

Installation Date: \_\_\_\_\_ Meter installed by: BY CLWR

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.

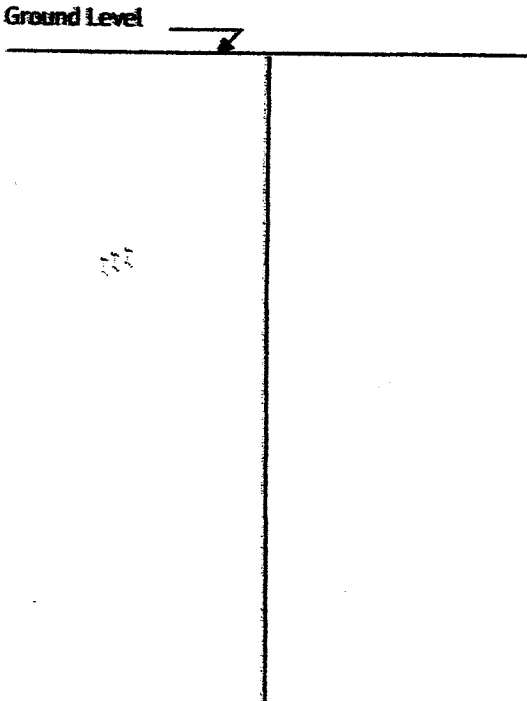
Bob Smith 0645 2-12-19 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

**For Office Use Only:**  
 Well #: MA63

*The sketch below only required for water wells*

*If well telescopes, show depths on sketch*



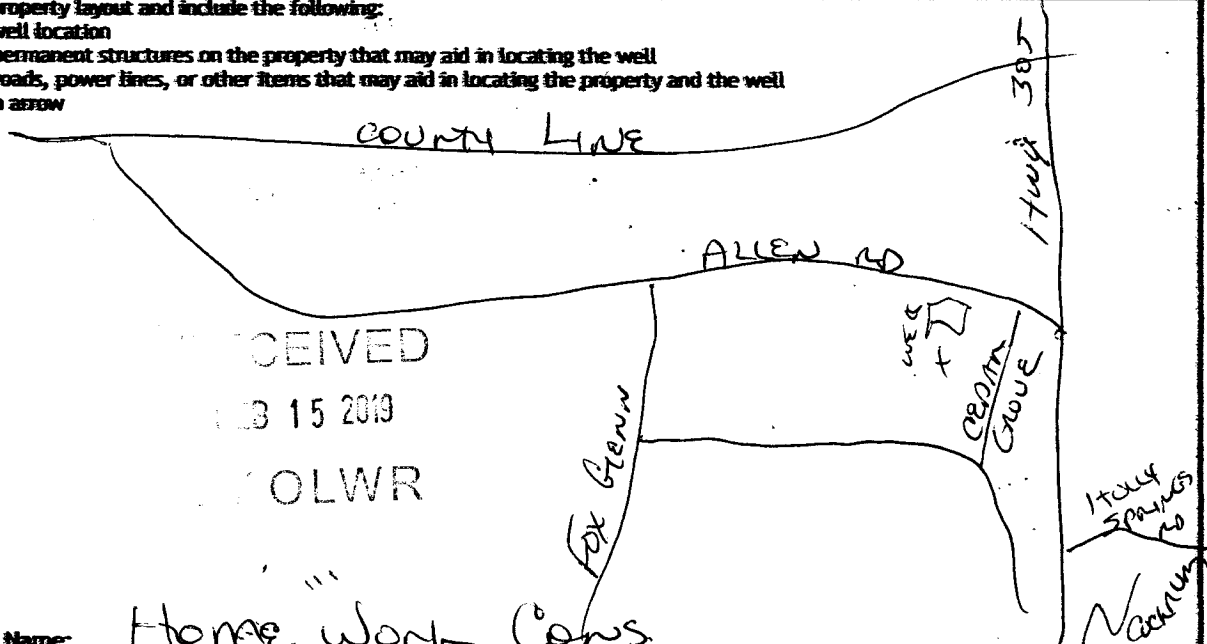
*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	20
SAND + GRAVEL	20	27
WHITE CLAY	27	92
ROCK	92	93
WHITE SAND + CLAY	93	140
WHITE SAND	140	171

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



Landowner Name: Home Work Cons.

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 2-12-19  
 Print Name of Responsible Licensee and License No. Date

[Signature]  
 Signature of Licensee