

# STATE WELL REPORT

350

County: DESSOTO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 12-31-19

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)954-5218  
 (601)368-0535 (fax)

**For Office Use Only:**

Well: M 502  
 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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location  |
|--|--|
| Owner Name: <u>DREW CORNELIUS</u>  | Latitude: <u>34° 29' 88.93"</u> Longitude: <u>89° 51' 36.85"</u> |
| Mailing Address: <u>4254 JORDAN CREEK</u>  | Method of Lat/Long (check one): <u>Conventional Survey</u>       |
| <u>HEMWOOD MS 38632</u>  | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____     |
| City _____ State _____ Zip Code _____  | <u>NW</u> ¼ <u>NE</u> ¼, Sec <u>29</u> T <u>3S</u> R <u>6W</u>   |
| Telephone No. <u>(901) 301-4222</u>  | Miles _____ of _____<br>(Distance) (Direction) (Nearest Town)    |

**Well / Borehole Data**

Date drilling started: 12-31-19 Date drilling completed: 12-31-19 Hole depth: 170 Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of casing 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 page.*

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: 80 feet below or (below) land surface Date measured: 12-31-19  
 (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  Grout 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: 12 mesh inches Setting depth: From 160 feet to 170 feet

Type of completion (circle all applicable):  Gravel pack  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of tap pipe or rebar than 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: DESOUD  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 12-31-19  
Copy information from block on Part 1

**For Office Use Only:**

Well #: M 502  
 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>DREW CORNELIUS</u>         | Latitude: <u>34°29'28.93</u> Longitude: <u>89°05'36.85</u>                                    |
| Mailing Address: <u>4254 JORDAN CREEK</u> | Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____ |
| <u>Hermann</u> <u>MS</u> <u>38632</u>     | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____                                  |
| City _____ State _____ Zip Code _____     | <u>NW</u> ¼ <u>NE</u> ¼, Sec <u>29</u> T <u>35</u> R <u>6W</u>                                |
| Telephone No. <u>(901) 301-4272</u>       | _____ Miles _____ of _____<br>(Distance) (Direction) (Nearest Town)                           |

**Pump Type (circle one)**

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

Date Pump Installed: 12-31-19 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: 120 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 12-31-19 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 80 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 1-23-20 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

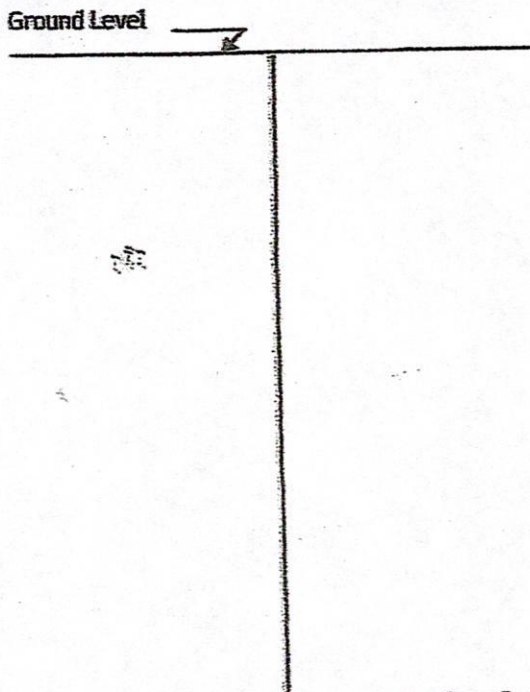
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County: DE SOTO  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.



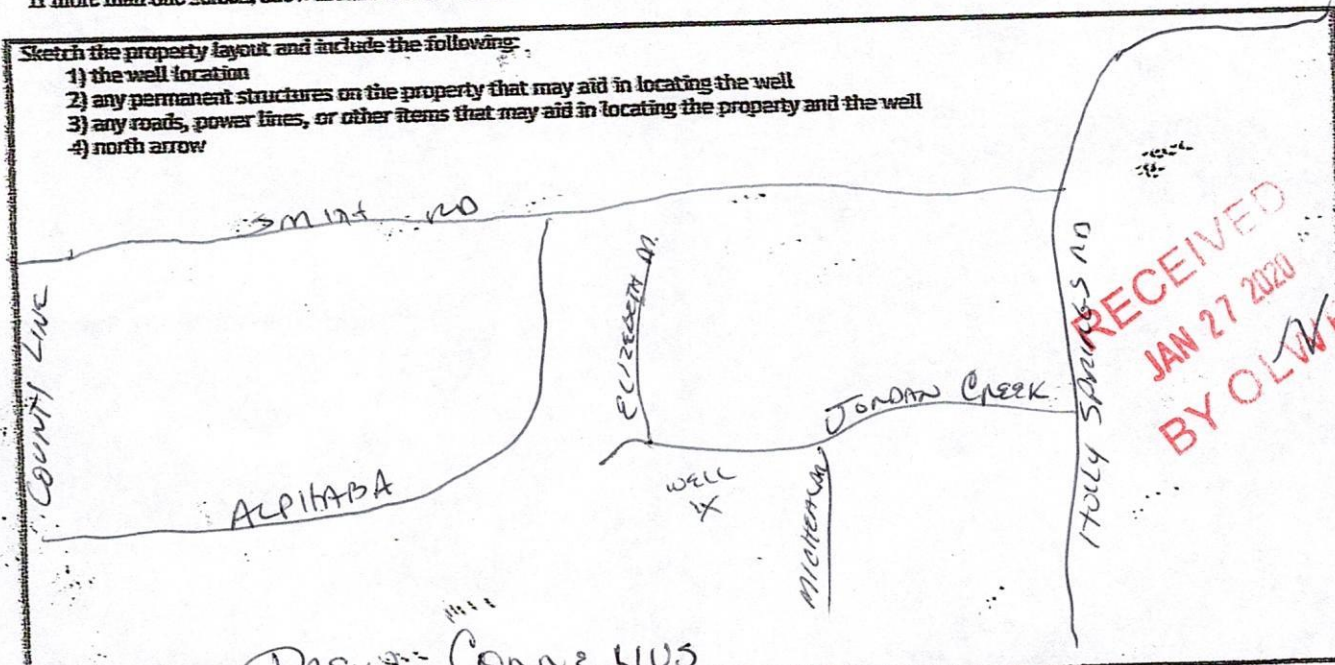
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth)<br>Ground level | To (depth) |
|---------------------------------------|------------------------------|------------|
| TOP SOIL                              | 0                            | 5          |
| BROWN CLAY                            | 5                            | 18         |
| RED SAND + CLAY                       | 18                           | 40         |
| WHITE CLAY                            | 40                           | 100        |
| WHITE SAND + CLAY                     | 100                          | 140        |
| WHITE SAND                            | 140                          | 170        |
|                                       |                              |            |
|                                       |                              |            |
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|                                       |                              |            |
|                                       |                              |            |
|                                       |                              |            |

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: Drew Connors

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 0-645  
 Print Name of Responsible Licensee and License No.

1-23-20  
 Date

[Signature]  
 Signature of Licensee