

# STATE WELL REPORT

309

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date drilling completed: 12-2-20

**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)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**

Well #: M 565  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Gusterson Properties</u>	Latitude: <u>34°49'39.24</u> Longitude: <u>89°45'9.47</u>
Mailing Address: <u>1269 SIMMONS RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HERNANDO MS 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>ME</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec. <u>17</u> T. <u>3 S</u> R. <u>5W</u>
Telephone No. <u>(901) 336 1814</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 12-2-20 Date drilling completed: 12-2-20 Hole depth: 105 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 (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check 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 (check 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: 12-2-20  
(check one)

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

Well depth: 105 Well grouted to a depth of: 10 feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 85 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 HOLS inches Setting depth: From 85 feet to 105 feet

Type of completion (check 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*

RECEIVED  
 JAN 11 8 2021  
 BY OLWR

# 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 #: M 565  
 Aquifer: \_\_\_\_\_

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 12-2-20  
 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>CUSTOMER PROPERTIES</u>	Latitude: <u>34°49'39.24</u> Longitude: <u>89°45'9.47</u>
Mailing Address: <u>1269 SMOCKLAW</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HERNANDO</u> <u>MS</u> <u>38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>17</u> T <u>35</u> R <u>5W</u>
Telephone No. <u>(901) 336-1814</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 12-2-20 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 3/4 Setting Depth: 40 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-2-20 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: 15 Gallons Per Minute

Method of measurement (check 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 (check 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.*

RECEIVED  
 JAN 08 2021  
 BY OLWR

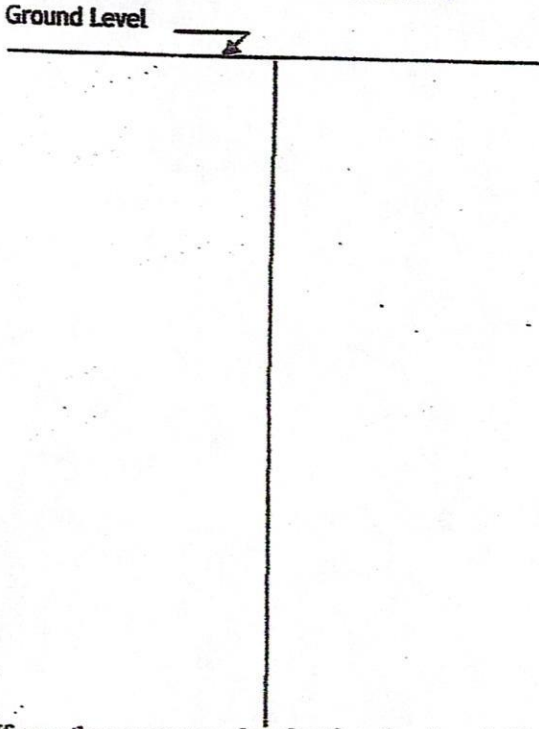
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

BOB SMITH 0-645 12-20-20 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: DESOUD  
Permit #: \_\_\_\_\_

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

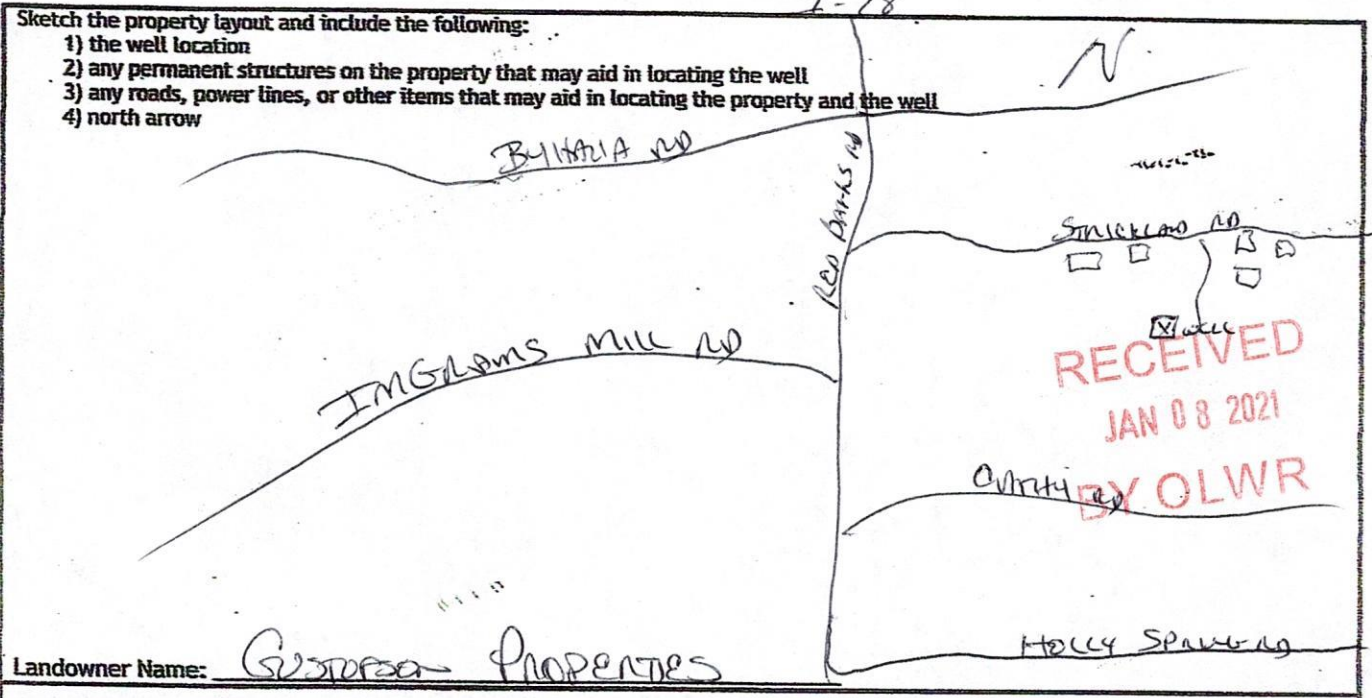
*The sketch below only required for water wells*  
*If well telescopes, show depths on sketch.*



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

Description of Formations Encountered	From (depth) Ground level	To (depth)
<u>TOP SOIL</u>	<u>0</u>	<u>5</u>
<u>BROWN CLAY</u>	<u>5</u>	<u>18</u>
<u>RED CLAY</u>	<u>18</u>	<u>37</u>
<u>RED SAND</u>	<u>37</u>	<u>50</u>
<u>WHITE CLAY &amp; SAND</u>	<u>50</u>	<u>90</u>
<u>WHITE SAND</u>	<u>90</u>	<u>105</u>

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



Landowner Name: GUSTAFSON PROPERTIES

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 12-20-20 [Signature]  
Print Name of Responsible Licensee and License No. Date Signature of Licensee