

# 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)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: L-242  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: George  
Permit #: 0-780  
Driller: J-Prew  
Date drilling completed: 6-21-16

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>James Carson</u>	Latitude: <u>30-46-32</u> Longitude: <u>88-37-15</u>
Mailing Address: <u>211 Stanton Hill</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale, MS 39452</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 Sec 19 T 35 R 7W</u> <span style="color:red">le W</span>
Telephone No. <u>(601) 791-4000</u>	<u>1 1/2</u> Miles <u>NE</u> of <u>Barton, MS</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>6-21-16</u> Date drilling completed: <u>6-21-16</u> Hole depth: <u>110</u> Hole diameter: <u>2</u>
Location of the source of any surface water used for drilling: <u>Aquicola, MS</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>2000 water 5 gal Bleach</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<b>If drilling is not related to water well construction, skip the remainder of this block</b>
Purpose of Well (circle all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>3</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>6-21-16</u> (circle one)
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> <input checked="" type="checkbox"/> Air line Other (describe): _____
Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite Mix
Casing length: <u>100</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>Sch 40</u>
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Sch 40</u>
Screen slot size: <u>10</u> inches Setting depth: From <u>0</u> feet to <u>110</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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

JUL 01 2016

By OLWR Form DLWR-SWR-1A (4/13)



# 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 #: 1242  
 Aquifer: \_\_\_\_\_

County: DeSoto  
 Permit #: 0-780  
 Driller: Joel Peul  
 Date completed: 6-21-16  
*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>Jarrod Larson</u>	Latitude: <u>30-46-32</u> Longitude: <u>88-37-15</u>
Mailing Address: <u>211 Stanton Hill Drive</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Lucedale, MS</u> <u>39452</u>	<u>NE 1/4 NW 1/4, Sec 27 T 35 R 7W</u>
City      State      Zip Code	<u>1 1/2</u> Miles <u>NE</u> of <u>Barton, MS</u>
Telephone No. <u>(601) 789-4000</u>	(Distance)      (Direction)      (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 6-21-16      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: 1      Setting Depth: 40 feet      Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-21-16      Duration of Pump Test (minimum 4 hours): 48 hours

Static Water Level (A): 3 Feet Below Land Surface      Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 37 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 10 GPM with a drawdown of 2 feet after 48 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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By OLWR

*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.

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