

# 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  
 (601)961- 5210  
 (601)961- 5228 (fax)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L243  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: DeSoto  
 Permit #: 0-780  
 Driller: J Piel  
 Date drilling completed: 6-26-17

*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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Brian Walker</u>        Mailing Address: <u>2317 Barton Aquela Rd Lueders MS 39452</u>        City: <u>Lueders</u> State: <u>MS</u> Zip Code: <u>39452</u>        Telephone No. <u>228 623-1500</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>30° 48' 43"</u> Longitude: <u>88° 32' 58"</u>        Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE</u> 1/4 <u>50</u> SE 1/4 Sec <u>24</u> Twn <u>35</u> Rng <u>6W</u>        Distance <u>1</u> Miles <u>East</u> of <u>Aquela, MS</u></p>
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**Well / Borehole Data**

Date drilling started: 6-26-17 Date drilling completed: 6-26-17 Hole depth: 70 Hole diameter: 2 inches  
 Location of the source of any surface water used for drilling: Aquela, MS  
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water 4 gal bleach  
 Logs run (circle all applicable):  No 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 one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 2 feet above or below (circle one) land surface Date measured: 6-26-17  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 70 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix 10 2017  
 Casing length: 60 feet Casing diameter: 2 inches Type of casing: Plastic  
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: Plastic  
 Screen slot size: 10 inches Setting depth: From 60 feet to 70 feet  
 Type of completion (circle all applicable): Gravel packed  Underreamed  Telescoped  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  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L243  
 Elevation: \_\_\_\_\_

County: DeKalb  
 Permit #: 0-780  
 Driller: J Piere  
 Date completed: 6-26-17  
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>Brian Walker</u>	Latitude: <u>3048-43</u> Longitude: <u>88-32-58</u>
Mailing Address: <u>2317</u> <u>Barton Aquela Rd</u> <u>Woodah MS 39452</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NE 1/4 500 SE 1/4 Sec 2 T 35 R 6W</u>
Telephone No. <u>(228) 677-1500</u>	Distance Direction Nearest Town <u>1 Miles East of Aquela, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6-26-17</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-26-17</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>2</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

Joel Piere - 0780      Joel Piere  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

