

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 #:	E122
Aquifer:	_____
E-Log #:	_____

County:	LAFAYETTE
Permit #:	_____
Driller:	BOB SMITH
Date drilling completed:	3-13-14

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 style="text-align: center;">Well Owner Information <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>PELLEY & ASSOCIATES</u></p> <p>Mailing Address: <u>1300 Van Buren</u></p> <p><u>Oxford</u> <u>MS</u> <u>38655</u></p> <p>City State Zip Code</p> <p>Telephone No. <u>288 591-6091</u></p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Latitude: <u>34° 20' 49.19" N</u> Longitude: <u>89° 42' 30.02" W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____</p> <p>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p><u>NE 1/4</u> <u>NE 1/4</u>, Sec <u>37</u> T <u>8S</u> R <u>4W</u></p> <p><u>4</u> Miles <u>W</u> of <u>Oxford</u></p> <p>(Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data	
Date drilling started: <u>3-13-14</u>	Date drilling completed: <u>3-13-14</u>
Hole depth: <u>184</u>	Hole diameter: <u>8</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: <u>5 PPM</u>	
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): <u>Water Well</u> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <u>Home</u> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>80</u> feet [above or <u>below</u> land surface (circle one)]	Date measured: <u>3-13-14</u>
Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line _____ Other (describe): <u>LINE + WEIGHS</u>	
Well depth: <u>184</u> feet	Well grouted to a depth of: <u>10</u> feet
Type of grout (circle one): Neat Cement _____ <u>Bentonite</u> _____ Mix _____	
Casing length: <u>164</u> feet	Casing diameter: <u>4</u> inches
Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet	Screen diameter: <u>4</u> inches
Type of screen: <u>PVC</u>	
Screen slot size: <u>13</u> <u>plugs</u> inches	Setting depth: From <u>164</u> feet to <u>184</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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

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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)

For Office Use Only:

Well #: E 122
Aquifer: _____

County: LAFAYETTE
Permit #: _____
Driller: BOB SMITH
Date completed: 3-15-14
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>KELLY + ASSOCIATES</u>	Latitude: <u>34°20'49.19"N</u> Longitude: <u>89°45'30.02"W</u>
Mailing Address: <u>1300 VA BUREAU</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>OXFORD</u> <u>MS.</u> <u>38655</u>	<u>NE 1/4 NE 1/4, Sec 176 T85 R 40</u>
City State Zip Code	<u>4</u> Miles <u>W</u> of <u>OXFORD</u>
Telephone No. <u>(288) 591-6091</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 3-15-14 Rated Pump Capacity: 20 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 1/2 Setting Depth: 100 feet Number of Stages: 10

Pump Test Data for Non Flowing Well
Date Well Tested: 3-15-14 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: 26 Gallons Per Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): LINE + WEIGHT

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 4-9-14 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer