

# 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 #: N 51  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Leake

Permit #: \_\_\_\_\_

Driller: Thomas Drilling

Date drilling completed: 9-15-15

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Mark Shelton</u> Mailing Address: <u>4171 Bg Springs</u> <u>Carthage</u> <u>MS</u> <u>39051</u> City State Zip Code Telephone No. ( ) _____		<b>Well or Borehole Location</b> Latitude: <u>32°53'7.9"</u> Longitude: <u>89°30'6.51"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SW</u> ¼ <u>NE</u> ¼, Sec <u>20</u> T <u>12N</u> R <u>8E</u> <u>2</u> Miles <u>E</u> of <u>Singletown</u> (Distance) (Direction) (Nearest Town)	
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**Well / Borehole Data**

Date drilling started: 9-15-15 Date drilling completed: 9-15-15 Hole depth: 95 Hole diameter: 4"

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

Method of dosing and volume of Chlorine used in drilling and development: 1.0lb IN wash & Tender

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 block*

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
 Other (describe): BARN

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 60 feet [above or below] land surface Date measured: 9-15-15  
 (circle one)

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

Well depth: 95' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 85 feet to 95 feet

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

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

Top of tap 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

#### For Office Use Only:

Well #: NS1  
 Aquifer: \_\_\_\_\_

County: LEAKE  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 9-15-15  
 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>Mark Shelton</u>		Latitude:	<u>32°53'7.9"</u>
Mailing Address:	<u>4171 Big Springs</u>		Longitude:	<u>89°30'6.51"</u>
			Method of Lat/Long (check one):	Conventional Survey _____
			USGS quad _____,	Hand-held GPS <input checked="" type="checkbox"/> _____
			Survey-grade GPS _____	
<u>Carthage</u>	<u>MS</u>	<u>39051</u>	_____ 1/4 _____ 1/4, Sec <u>20</u>	T <u>12N</u> R <u>8E</u>
City	State	Zip Code		
Telephone No. ( ) _____			<u>2</u> Miles <u>E</u> of <u>Singletown</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 9-15-15 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: 1/2 Setting Depth: 80 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 9-15-15 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): 72 Feet Below Land Surface  
 Drawdown ((B) - (A)): 12 Feet Below Land Surface Test Pumping Rate: 15 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 15 GPM with a drawdown of 12 feet after 1 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.  
David S. Thomas 0-147 9-15-15  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer