

# 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 #: P191  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Leflore  
Permit #: GW-47190 ✓  
Driller: J. NEWNAME O.773  
Date drilling completed: 7.11.2013

*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>Joe Coker III</u>	Latitude: <u>33°18'03"</u> Longitude: <u>090°21'23"</u>
Mailing Address: <u>31845 Leflore County Rd</u> <u>553</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Belzoni</u> City <u>MS</u> State <u>39038</u> Zip Code	<u>1R</u> <sup>SW</sup> <u>1/4</u> <u>1R</u> <sup>SE</sup> <u>1/4</u> , Sec. <u>25</u> T. <u>17N</u> R. <u>24W</u>
Telephone No. (____) _____	<u>5.5</u> Miles <u>S</u> of <u>MORGAN CITY</u> (Distance)      (Direction)      (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7.11.13 Date drilling completed: 7.11.13 Hole depth: 112 Hole diameter: 20"

Location of the source of any surface water used for drilling: DITCH

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

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): \_\_\_\_\_

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

Static Water Level: \_\_\_\_\_ feet [above or below] land surface    Date measured: \_\_\_\_\_  
(circle one)

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

Well depth: 100 Well grouted to a depth of: 10 feet    Type of grout (circle one): Neat Cement     Bentonite    Mix

Casing length: 60 feet    Casing diameter: 10 inches    Type of casing: P.V.C.

Screen length: 40 feet    Screen diameter: 10 inches    Type of screen: P.V.C.

Screen slot size: .050 inches    Setting depth: From 60 feet to 100 feet

Type of completion (circle 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*



# 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)

County: Lefflore  
 Permit #: 6W-47190  
 Driller: J. Newcome 0-773  
 Date completed: 7-11-13  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: P191  
 Aquifer: \_\_\_\_\_

*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>Joe Coker III</u>	Latitude: <u>33 18 03</u> Longitude: <u>90 21 23</u>
Mailing Address: <u>31845 Lefflore County Road 553</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Belzoni</u> City <u>MS</u> State <u>39038</u> Zip Code	<u>S 1/4 SE 1/4, Sec 25 T 17 N R 21 W</u>
Telephone No. ( ) _____	<u>5.5</u> Miles <u>S</u> of <u>Morgan City</u> (Distance)      (Direction)      (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 7-13-13      Rated Pump Capacity: 1000 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: 15 hp      Setting Depth: 70 feet      Number of Stages: 1

**Pump Test Data for Non Flowing Well**

Date Well Tested: Not tested      Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): Not tested Feet Below Land Surface      Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface      Test Pumping Rate: \_\_\_\_\_ 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. Not Tested

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: No Meter      Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: No Meter      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.

Hubbard Stephens 741-P 8-26-13      Hubbard Stephens  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer