

# 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)961-5555  
(601)961-5228 (fax)

309 ✓

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: Greenwater Well  
Date drilling completed: 5-8-19

### For Office Use Only:

Well #: E 27  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

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>Byron Speed</u>	Latitude: <u>31.6754</u> Longitude: <u>90°3235</u>
Mailing Address: _____ <u>508 LA SALLE DR.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Riverridge</u> <u>LA</u> <u>70123</u>	<u>NE</u> <u>SW</u> <u>SE</u> <u>NW</u> , Sec <u>8</u> T <u>8N</u> R <u>9E</u>
City State Zip Code	<u>6</u> Miles <u>E</u> of <u>Wesson</u>
Telephone No. <u>(601) 331 4771</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>5-8-19</u> Date drilling completed: <u>5-8-19</u> Hole depth: <u>48</u> Hole diameter: <u>7</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>mud pit + gravel pack</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check 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 Other (describe) _____

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If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Camp</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>12</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>5-8-19</u>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>45</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>35</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>did</u> inches Setting depth: From <u>35</u> feet to <u>45</u> feet
Type of completion (check 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



# 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 #: E27  
 Aquifer: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Gann Water Well  
 Date completed: 5-8-19  
*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>Byron Speed</u>	Latitude: <u>31.6754</u> Longitude: <u>90°32'35"</u>
Mailing Address: _____ <u>508 LA SALLE DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Murridge</u> City <u>LA</u> State <u>70123</u> Zip Code	<u>NE 1/4 SW 1/4</u> , Sec <u>8</u> T <u>89N</u> R <u>9E</u>
Telephone No. <u>(601) 331-4771</u>	<u>6</u> Miles (Distance) <u>E</u> of <u>Wesson</u> (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 5-8-19      Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one):  New    Repaired    Replacement

**Power Type (check one)**

Electric    Diesel    Gasoline    Natural Gas    Tractor PTO    Windmill    Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 1/2      Setting Depth: 40 feet      Number of Stages: 9

**Pump Test Data for Non Flowing Well**

Date Well Tested: 5-8-19      Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 12 Feet Below Land Surface      Pumping Water Level (B): 18 Feet Below Land Surface

Drawdown [(B) - (A)]: 6 Feet Below Land Surface      Test Pumping Rate: 10 Gallons Per Minute

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

**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 (check 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.

Michael W. Kees      7737      5-8-19      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer