

# STATE WELL REPORT

404

County: MARSHALL  
 Permit #: \_\_\_\_\_  
 Driller: ROB SMITH  
 Date drilling completed: 11-8-19

**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)368-0535 (fax)

**For Office Use Only:**

Well #: E 283  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>JEFF BECKLE</u>	Latitude: <u>34°53'9.53</u> Longitude: <u>89°35'55.67</u>
Mailing Address: <u>35 E GAMBLING LN</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>VICTORIA</u> <u>MS.</u> <u>38679</u>	<u>SW</u> ¼ <u>NW</u> ¼, Sec <u>26</u> T <u>2S</u> R <u>4W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(662) 429-4603</u>	

**Well / Borehole Data**

Date drilling started: 11-8-19 Date drilling completed: 11-8-19 Hole depth: \_\_\_\_\_ Hole diameter: 8"

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

Method of dosing and volume of Chlorine used in drilling and development: 5 PPM

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: 60 feet [above or (below) land surface Date measured: 11-8-19  
(circle one)

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

Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 TPOUS. inches Setting depth: From 115 feet to 125 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*

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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) 360-8535 (fax)

**For Office Use Only:**

Well #: E 283  
 Aquifer: \_\_\_\_\_

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 11-8-19  
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>JEFF BECKLE</u>	Latitude: <u>34°53'9.53</u> Longitude: <u>89°35'55.67</u>
Mailing Address: <u>35 E GAMBLING DR</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Vicksburg</u> State: <u>MS</u> Zip Code: <u>38619</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. (601) <u>429-4603</u>	<u>SW</u> ¼ <u>NW</u> ¼, Sec. <u>26</u> T. <u>25</u> R. <u>4W</u>
	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 11-8-19 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: 3/4 Setting Depth: 80 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-8-19 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ 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 \_\_\_\_\_ 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.*

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

BOB SMITH 0645 12-3-19 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



County: MASSACHUSETTS

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

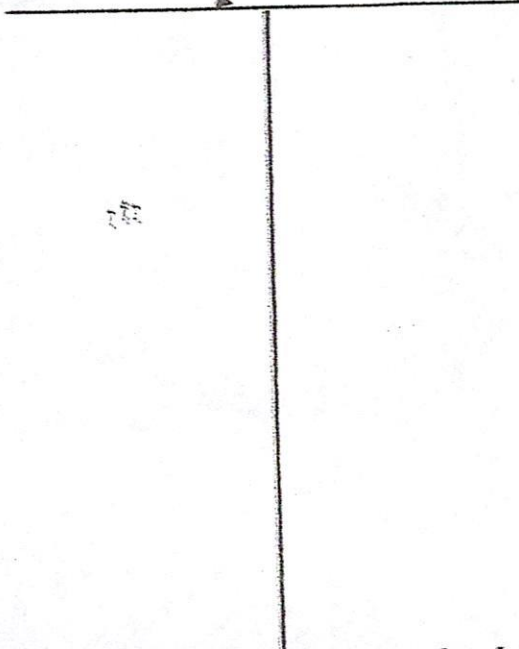
For Office Use Only:

Well #: \_\_\_\_\_

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$



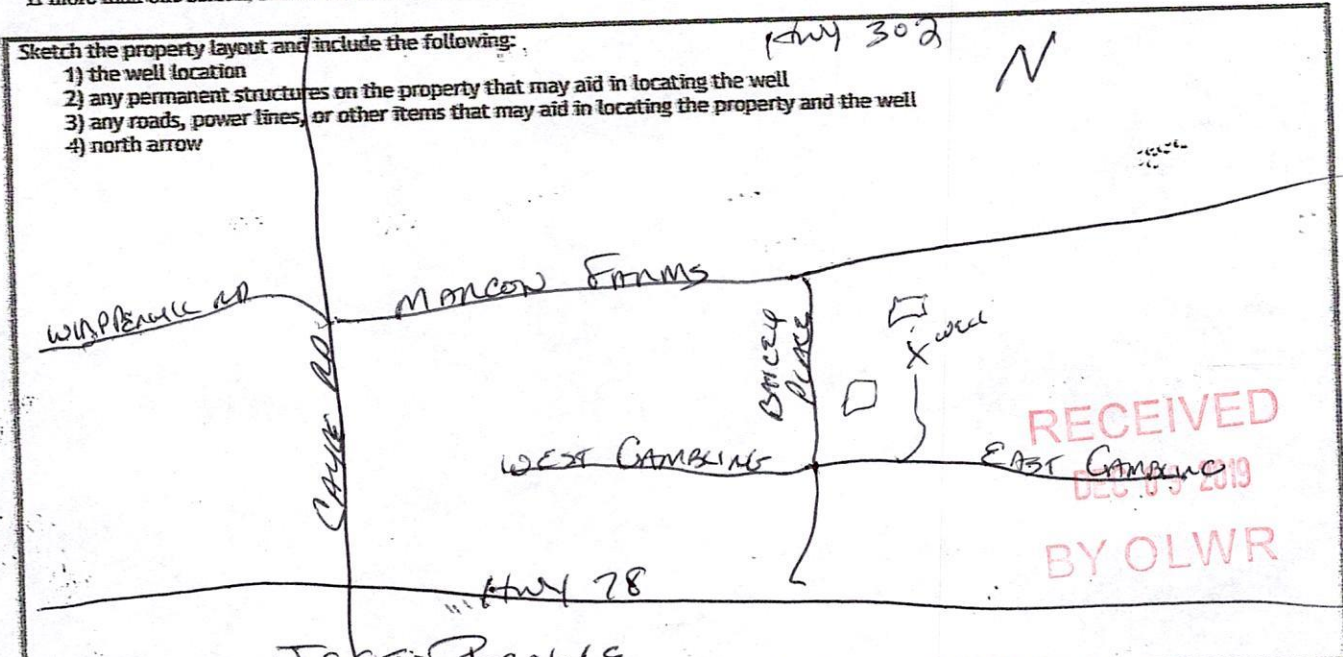
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	15
RED CLAY + SAND	15	40
WHITE CLAY	40	90
WHITE SAND	90	125

If more than one screen, show location of each on sketch

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: JEFF Beckle

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

BOB SMITH 0-645  
Print Name of Responsible Licensee and License No.

12-3-19  
Date

[Signature]  
Signature of Licensee