

# 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 #: 052  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: PANOLA  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 7-28-16

*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>BRANT KARRIT</u>	Latitude: <u>34° 28' 37.05" N</u> Longitude: <u>89° 53' 22.68" W</u>
Mailing Address: <u>4460 HOLSTON RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Como</u> MS. <u>38619</u>	<u>NE 1/4 NW 1/4</u> , Sec <u>G-13</u> T <u>7S</u> R <u>7W</u>
City State Zip Code	<u>4</u> Miles <u>S/E</u> of <u>Como</u>
Telephone No. <u>(662) 501-2000</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 7-28-16 Date drilling completed: 7-28-16 Hole depth: 170 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: 90 feet (above or  below) land surface Date measured: 7-28-16

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): LINE + WEIGHT

Well depth: 170 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS. inches Setting depth: From 150 feet to 170 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*

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AUG 25 2016

Form OLWR-SWR-1A (4/13)  
**By OLWR**

# 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)964-3210  
 (601) 360-0535 (fax)

County: PANOLA  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 7-28-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: G52  
 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>BRANT KAMIT</u>	Latitude: <u>34°28'37.05" N</u> Longitude: <u>89°53'27.69" W</u>
Mailing Address: <u>500 TAIL OAKS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>SENATOSA MS 38668</u>	<u>NE 1/4 NW 1/4 Sec G-13 T-7S R-7W</u>
City _____ State _____ Zip Code _____	<u>4</u> Miles <u>SE</u> of <u>Como</u>
Telephone No. <u>(662) 501-2000</u>	(Distance) _____ (Direction) _____ (Nearest Town) _____

**Pump Type (circle one)**

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

Date Pump Installed: 7-28-16 Rated Pump Capacity: 22 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: 120 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7-28-16 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 90 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 25 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 25 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 8-21-16 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

**Received**  
 Form: OLWR-SWR-2A (4/13)  
 AUG 25 2016

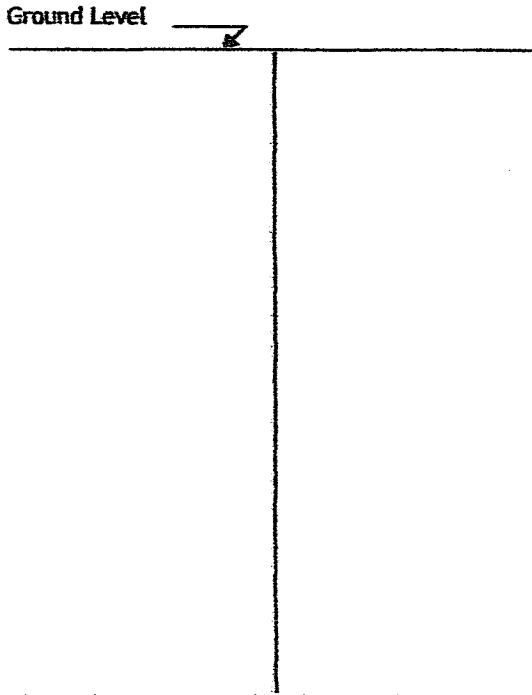
By OLWR

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

**For Office Use Only:**  
 Well #: G52

The sketch below only required for water wells

If well telescopes, show depths on sketch

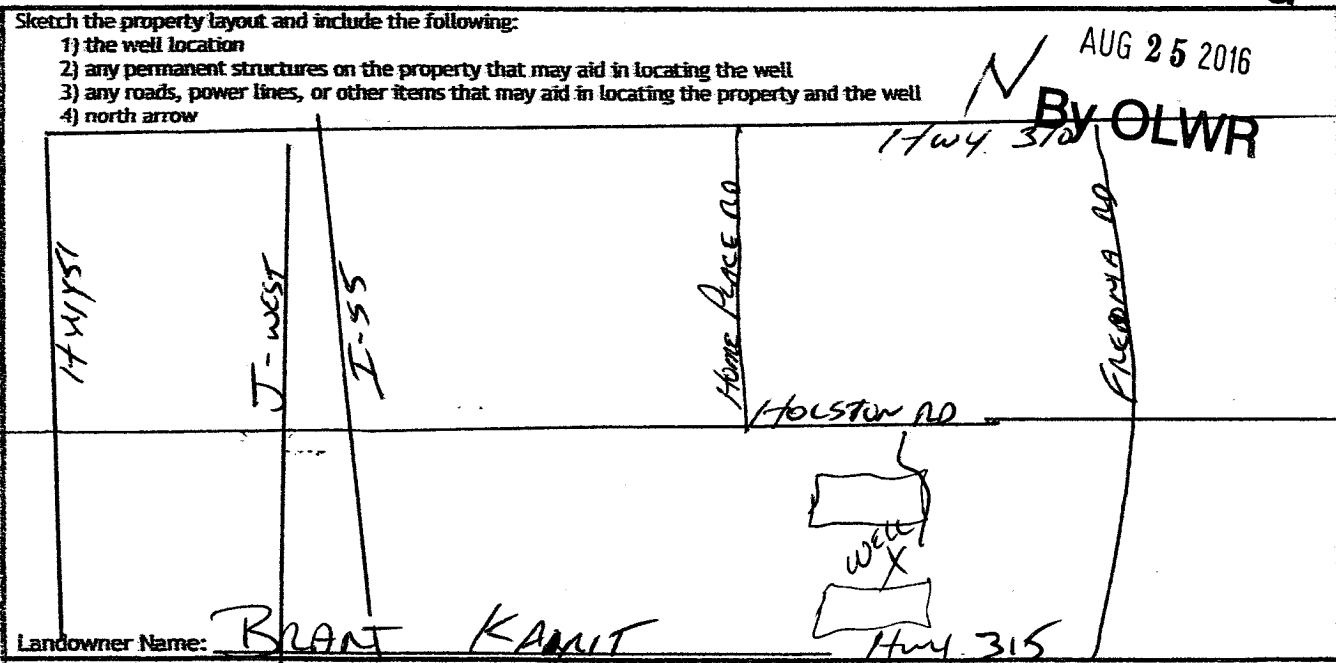


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	18
WHITE CLAY	18	55
GRAVEL	55	100
WHITE CLAY + SAND	100	145
MCD WHITE SAND	140	160
FINE WHITE SAND	160	170

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

Received



Landowner Name: BRANT KAMIT

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 0645 8-21-16 [Signature]  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee