

Im

County: Dunklin 47162  
 Permit # MS-GW-47163  
 Driller: TEDDY BOOTS  
 Date drilling completed: 11/2/13

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K53  
 L. S. Elevation: \_\_\_\_\_  
 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Lavel A Farms</u>	Latitude: <u>34° 23' 52"</u> Longitude: <u>90° 11' 4"</u>
Mailing Address: <u>P.O. Box 331</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Marks</u> <u>ms</u> <u>38646</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>07</u> Twn <u>055</u> Rng <u>09W</u>
Telephone No. ( ) _____	Distance <u>3</u> Miles <u>S/E</u> Direction of <u>Sledge</u> Nearest Town

**Well / Borehole Data**

Date drilling started: 11/2/13 Date drilling completed: 11/2/13 Hole depth: 115 Hole diameter: 28

Location of the source of any surface water used for drilling: nearest well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check 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 (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 11/2/13

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 feet to 52 feet

Type of completion (circle all applicable): Gravel packed Underramed Telescoped 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)

**For Office Use Only:**

Well #: 153  
 Aquifer: \_\_\_\_\_

County: \_\_\_\_\_  
 Permit #: MS LW-47122  
 Driller: TEDDY COATS  
 Date completed: 11/2/13  
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>L. And # Farms</u>	Latitude: <u>34 23 52</u> Longitude: <u>90 11 4</u>
Mailing Address: <u>P.O. Box 331</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>marks</u> City <u>MS</u> State <u>38646</u> Zip Code	<u>NE 1/4 NE 1/4</u> , Sec <u>07</u> T <u>08S</u> R <u>09W</u>
Telephone No. (____) _____	<u>3</u> Miles <u>S/E</u> of <u>S/Coats</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 11/2/13      Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one):  New    Repaired    Replacement

**Power Type (circle one)**

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

Horse Power Rating of Motor: 60      Setting Depth: 50 feet      Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11/2/13      Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 12 Feet Below Land Surface      Pumping Water Level (B): 20 Feet Below Land Surface

Drawdown [(B) - (A)]: 20 Feet Below Land Surface      Test Pumping Rate: 3000 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 3000 GPM with a drawdown of 20 feet after 8 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.

TEDDY COATS # 5318      11/2/13      TEDDY COATS  
 Print Name of Pump Installer and License No. (if applicable)      Date      Signature of Pump Installer