

# 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  
(601)961-5210  
(601)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B48  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: GW-45293  
Driller: Delta Drilling of Tunica  
Date drilling completed: 9-2-11

**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>Charles Fair</u>	Latitude: <u>N34° 24' 38.5"</u> Longitude: <u>W90° 18' 9.26"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, <u>23</u> <u>55</u>
<u>121 Leslie Dr.</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
<u>Senatobia, Ms. 38668</u>	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec. <u>11</u> Twn <u>8S</u> ✓ Rng <u>11W</u> ✓
City: _____ State: _____ Zip Code: _____	<u>NW</u> 1/4 <u>12</u>
Telephone No. ( ) _____	Distance: <u>7</u> Miles Direction: <u>West</u> of Nearest Town: <u>Sledge, Ms.</u>

**Well / Borehole Data**

Date drilling started: 9-2-11 Date drilling completed: 9-2-11 Hole depth: 110' Hole diameter: 24"

Location of the source of any surface water used for drilling: groundwater well 1/2 mile SE  
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: 22 feet above or below (circle one) land surface Date measured: 9-2-11

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

Well depth: 110' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: -032 inches Setting depth: From 70 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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**

Form: OLWR-SWR-1A (04/08)

RECEIVED

DEC 01 2011

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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Quitman  
 Permit #: GW-45293  
 Driller: Delta Drilling  
 Date completed: 9-2-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B48  
 Elevation: \_\_\_\_\_

*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>Charles Fay</u>	Latitude: <u>N34° 24.385</u> Longitude: <u>W90° 18.926</u>
Mailing Address: _____ <u>121 Leslie Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Senatobia</u> Ms. <u>38668</u>	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>11</u> T <u>8S</u> R <u>11W</u>
City State Zip Code	Distance Direction Nearest Town <u>7</u> Miles <u>West</u> of <u>Stedger, Ms.</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>9-2-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3,000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Chris Shackley # 2561  
 Print Name of Pump Installer and License No. (if applicable)

Chris Shackley  
 Signature of Pump Installer

**RECEIVED**  
 Form: OLWR-SWR-1B (04/08)  
 DEC 9 1 2011  
 BY: OLWR