

**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: C 212  
Well #: \_\_\_\_\_  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Sharkey  
Permit #: GW-44967 ✓  
Driller: Irrigation Equipment  
Date drilling completed: 03/27/2012

**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>Ricky Lee</u>	Latitude: <u>32 ° 55 ' 40 "</u> Longitude: <u>90 ° 47 ' 21 "</u>
Mailing Address: <u>P.O. Box 152</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Rolling Fork</u> <u>Ms</u> <u>39159</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NW</u> 1/4 <u>SW</u> 1/4 Sec <u>35</u> ✓ Twn <u>13N</u> ✓ Rng <u>6W</u>
Telephone No. ( ) -	Distance Direction Nearest Town
	<u>4</u> Miles <u>Northeast</u> of <u>Rolling Fork</u>

**Well / Borehole Data**

Date drilling started: 03/27/2012 Date drilling completed: 03/27/2012 Hole depth: 119 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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 flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 20 feet above or below (check one)  land  surface Date measured: 03/31/2012

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

Well depth: 119 Well grouted to a depth of 10 feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 79 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 80 feet to 119 feet

Type of completion (check 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)

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 0212  
Elevation: \_\_\_\_\_

County: Sharkey  
Permit #: GW-44967  
Driller: Irrigation Equipment  
Date drilling completed: 03/27/2012  
*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>Ricky Lee</u>	Latitude: <u>32 55' 40 N</u> Longitude: <u>90 47' 21 W</u>
Mailing Address: <u>P.O. Box 152</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Rolling Fork</u> <u>Ms</u> <u>39159</u>	<u>NW 1/4 SW 1/4</u> Sec <u>35</u> T <u>13N</u> R <u>6W</u>
City                      State      Zip code	Distance                      Direction                      Nearest Town
Telephone No. (      ) -      -	<u>4</u> Miles <u>Northeast</u> of <u>Rolling Fork</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: _____	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>2500+/-</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
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	

This is for (check one):     New Well     Replacement of Existing Pump     Repair of Existing Pump

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

Patrick Chism      0695        
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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Form: OLWB SWR-1C (07-09)  
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