

County: Sharkey  
 Permit #: GW-47859 ✓  
 Driller: Irrigation Equipment  
 Date drilling completed: 04/22/2014

# 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 #: D58  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Patterson and Sons</u>	Latitude: <u>33 00' 17.7 N</u> Longitude: <u>90 45' 14.1 W</u>
Mailing Address: <u>P.O. Box 475</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> City State Zip code	<u>NW</u> ¼ <u>NW</u> ¼, Sec <u>6</u> T <u>13 N</u> R <u>5 W</u> <u>NE</u>
Telephone No. ( ) -	<u>4</u> Miles <u>Northeast</u> of <u>Anguilla</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 04/22/2014 Date drilling completed: 04/22/2014 Hole depth: 126' Hole diameter: 18"

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 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: 18' feet [ above or  below] land surface Date measured: 04/23/2014  
(check one)

Method of Measurement (check one)  Steel tape  Electric tape  Air line  Other: (describe) \_\_\_\_\_

Well depth: 126' Well grouted to a depth of: 10' feet Type of grout (check one):  Neat Cement  Bentonite  Mix

Casing length: 86' feet Casing diameter: 10" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 10" inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87' feet to 126' feet

Type of completion (check 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*



# 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 #: D58  
Aquifer: \_\_\_\_\_

County: Sharkey  
Permit #: GW-47859  
Driller: Irrigation Equipment  
Date drilling completed: 04/22/2014  
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>Patterson and Sons</u>	Latitude: <u>33 00' 17.7 N</u> Longitude: <u>90 45' 14.1 W</u>
Mailing Address: <u>P.O. Box 475</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> City State Zip code	<u>NW 1/4 NW 1/4, Sec 6 T 13 N R 5 W</u> <u>NE</u>
Telephone No. <u>( ) -</u>	<u>4</u> Miles <u>Northeast</u> of <u>Anguilla</u> (Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
Date Pump Installed 04/23/2014 Rated Pump Capacity: 900+/- Gallons Per Minute  
Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 30 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ Hours  
Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
Method of measurement (check 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: McCrometer Meter Serial Number: 14-02884  
Meter Model Number/Name: M0306 Type of Meter: Propeller  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): AF x .001  
Installation Date: 04/23/2014 Meter installed by: Irrigation Equipment  
Is This Meter (check 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.

Patrick Chism 0695 04/29/2014  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)