

# 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 #: H39  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Sharkey  
Permit #: \_\_\_\_\_  
Driller: James M. Wells  
Date drilling completed: 10-24-17

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>Lewis Brothers Hunting Club</u>	Latitude: <u>32°47.31N</u> Longitude: <u>90°49.11W</u> <u>32-47-31</u> <u>90-49-11</u>
Mailing Address: _____ <u>1501 Naked Woman Rd.</u> <u>Rolling Fork MS 39159</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ , Sec <u>21</u> T <u>11N</u> R <u>6W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 10-24-17 Date drilling completed: 10-24-17 Hole depth: 80 Hole diameter: 7 1/2"

Location of the source of any surface water used for drilling: running creek

Method of dosing and volume of Chlorine used in drilling and development: granule chlorine

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: 15 feet [above or  below] land surface Date measured: NOV 30 2017  
(circle one) BY OLWR

Method of measurement (circle one):  Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_

Well depth: 80 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 60 feet to 80 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*

RECEIVED  
NOV 30 2017  
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)961-5210  
 (601) 360-0535 (fax)

County: Sharkey  
 Permit #: \_\_\_\_\_  
 Driller: James M. Wells  
 Date completed: 10-24-17  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: H 39  
 \_\_\_\_\_  
 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		32-A7-31 Well Location 90-49-11
Owner Name: <u>Lewis Brothers Hunting Club</u>	Latitude: <u>32°47.31N</u> Longitude: <u>90°49.11W</u>	
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>1501 Naked Woman Rd</u>	<u>NE 1/4 NW 1/4, Sec 21 T 11N R 6W</u>	
<u>Rolling Fork MS 39159</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)	
City _____ State _____ Zip Code _____		
Telephone No. (____) _____		

**Pump Type (circle one)**

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

Date Pump Installed: 10-24-17 Rated Pump Capacity: 12 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 Setting Depth: 40 feet Number of Stages: 14

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-24-17 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 22 Feet Below Land Surface Test Pumping Rate: 17 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 \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: RECEIVED

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: NOV 30 2017

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: BY OLWR

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.

James M. Wells 00005889 11-27-17 James M. Wells  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer