

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date drilling completed: 4-23-14

**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 #: D28  
 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.**

<p align="center"><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Terry Roberts #4</u>        Mailing Address: <u>10075 Hwy 501</u>  <u>Forest MS 39074</u>        City _____ State _____ Zip Code _____        Telephone No. <u>(601) 789-5687</u></p>	<p align="center"><b>Well or Borehole Location</b></p> <p>Latitude: <u>32° 14' 70"</u> Longitude: <u>89° 40' 67.36"</u>  <u>32-08-45</u>      <u>89-24-29</u>        Method of Lat/Long (circle one): <u>Conventional Survey</u>,        USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE 1/4 NE 1/4 Sec 31 Twn 4N Rng 9E</u>        Distance _____ Direction _____ Nearest Town _____        Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 4-12-14 Date drilling completed: 4-23-14 Hole depth: 540 Hole diameter: 6

Location of the source of any surface water used for drilling: Public Supply  
 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): TEACO

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: Poultry

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

Static Water Level: 32 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 490 Well grouted to a depth of 50 feet Types of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_  Mix \_\_\_\_\_

Casing length: 476 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 \_\_\_\_\_ feet to \_\_\_\_\_ 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)  
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# 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: Smith  
 Permit #: \_\_\_\_\_  
 Driller: Will Barlow  
 Date completed: 4-23-14  
 Copy information from block on Part 1

**For Office Use Only:**

Well #: D28  
 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			Well Location		
Owner Name: <u>Terry Roberts #4</u>			Latitude: <u>32-08-25</u> Longitude: <u>89-24-29</u>		
Mailing Address: <u>10075 Hwy 501</u>			Method of Lat/Long (check one): Conventional Survey _____		
USGS quad: <u>NE 1/4 NE 1/4, Sec 38 T 4N R 9E</u>			Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
City: <u>Forrest</u>	State: <u>MS</u>	Zip Code: <u>39074</u>	Miles <u>1</u> of <u>N</u> of <u>Pineville</u>		
Telephone No. (601) <u>789-5687</u>			(Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**

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

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 55 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: 5 Setting Depth: 120 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 32 Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface

Drawdown [(B) - (A)]: 28 Feet Below Land Surface Test Pumping Rate: 60 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: \_\_\_\_\_

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.

Arnold Fincher JD 0-560 425-14 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

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