

STATE WELL REPORT

307

County: Smith
 Permit #: _____
 Driller: Chris Wells
 Date drilling completed: 10/22/18

**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)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: Q71
 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) Owner Name: <u>Barbara Knight</u> Mailing Address: <u>972 Gilmore Rd</u> <u>Gilmore</u> <u>Mt Olive</u> <u>MS</u> <u>39119</u> City State Zip Code Telephone No. (____) _____		Well or Borehole Location Latitude: <u>N 31° 47' 39"</u> Longitude: <u>W 89 29 54</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE 1/4 NW 1/4, Sec 34 T 10N R 15W</u> _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
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Well / Borehole Data
 Date drilling started: 10/22/18 Date drilling completed: 10/22/18 Hole depth: 140' 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: 2 lbs shock
 Logs run (check all applicable): 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): Cattle
 If a flowing well, method of flow regulation: Valve _____ Other (describe) JAN 22 2019
 Static Water Level: 50 feet above or below land surface Date measured 10/22/18
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
 Well depth: 140 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix
 Casing length: 120 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 120 feet to 140 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 #: Q71

Aquifer: _____

County: _____
Permit #: _____
Driller: Chris Wells
Date completed: 10/22/18
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>Barbara Knight</u>	Latitude <u>N 31° 47' 39"</u> Longitude: <u>W 89° 29' 54"</u>
Mailing Address: <u>972 Gilmer Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Mt Olive</u> <u>MS</u> <u>39119</u>	<u>SE 1/4 NW 1/4, Sec 34 T 10N R 15W</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 10/22/18 Rated Pump Capacity: 18 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: 1.5 Setting Depth: 80 feet Number of Stages: 11

Pump Test Data for Non Flowing Well
Date Well Tested: 10/22/18 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): 60 Feet Below Land Surface
Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 30 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 30 GPM with a drawdown of 10 feet after 4 hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: RECEIVED
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: JAN 22 2018
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.
Christopher Wells 8814 10/22/18 Christopher Wells
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer