

# 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 #: K 159  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Sunflower 133  
Permit #: GW-48409  
Driller: Irrigation Equipment  
Date drilling completed: 08/06/2014

*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>Ms Dept. of Wildlife</u>	Latitude: <u>33 35' 12 N</u> Longitude: <u>90 38' 44 W</u>
Mailing Address: <u>1505 Eastover Drive</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>Jackson</u> <u>Ms</u> <u>39211</u> City State Zip code	<u>NE 1/4 NE 1/4, Sec 18 T 20 N R 4 W</u>
Telephone No. ( ) -	<u>2</u> Miles <u>Southwest</u> of <u>Steiner</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>08/06/2014</u> Date drilling completed: <u>08/06/2014</u> Hole depth: <u>139'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>Surface Water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input checked="" type="checkbox"/> Other (describe): <u>Replace GW-39006</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>52'</u> feet [ <input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>08/07/2014</u> (check one)
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____
Well depth: <u>139'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>79'</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>60'</u> feet Screen diameter: <u>16"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>See</u> feet to <u>Back</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> Other (describe): _____
Top of lap pipe or reduction in casing: _____ Feet

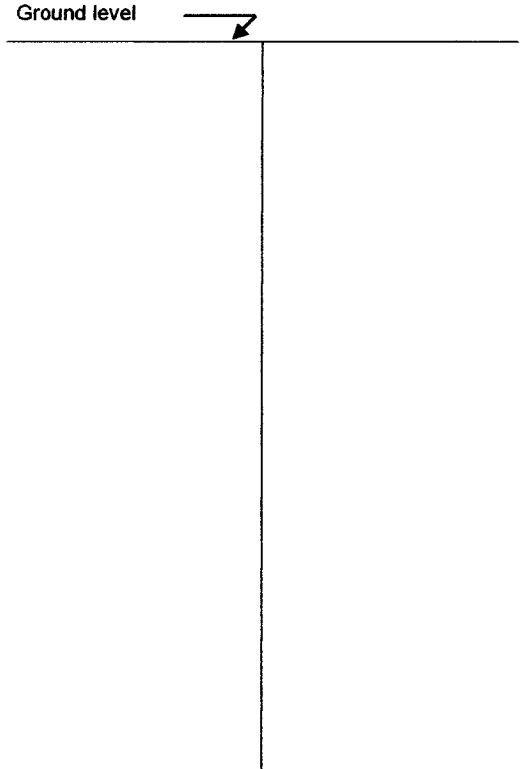
*If telescoped or more than one screen, describe on next page*

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

County: Sunflower  
 Permit #: GW-48409

**For Office Use Only:**  
 Well #: K159

*The sketch below only required for water wells  
 If well telescopes, show depths on sketch.*

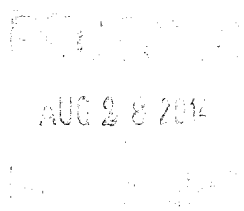


*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	39
Fine Sand & Gravel	40	69
Medium Sand & Gravel	70	114
Fine Sand	115	118
Medium Sand & Gravel	119	137
Clay	138	139
<b>Screen:</b>		
(76 - 115 ) 40' PVC .050		
(116 - 119) 4' Blanked		
(120 - 139) 20' PVC .050		

If more than one screen, show location of each on sketch

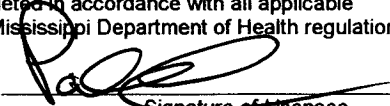
Sketch the property layout and include the following:  
 1) the well location  
 2) any permanent structures on the property that may aid in locating the well  
 3) any roads, power lines, or other items that may aid in locating the property and the well  
 4) a north arrow



Landowner Name: Ms Dept. of Wildlife

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

**Patrick Chism**                                      **0695**                                      **08/21/2014**

Print Name of Responsible Licensee and License No.                                      Date                                                                            Signature of Licensee

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

County: Sunflower  
 Permit #: GW-48409  
 Driller: Irrigation Equipment  
 Date drilling completed: 08/06/2014  
Copy information from block on Part 1

**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 #: K 159  
 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>Ms Dept. of Wildlife</u>			Latitude: <u>33 35' 12 N</u> Longitude: <u>90 38' 44 W</u>		
Mailing Address: <u>1505 Eastover Drive</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>Jackson</u>	<u>Ms</u>	<u>39211</u>	<u>NE 1/4 NE 1/4, Sec 18 T 20 N R 4 W</u>		
City	State	Zip code			
Telephone No. <u>( ) -</u>			<u>2</u> Miles <u>Southwest</u> of <u>Steiner</u>		
			<small>(Distance)</small>	<small>(Direction)</small>	<small>(Nearest Town)</small>

**Pump Type (check one)**

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

Date Pump Installed 08/07/2014 Rated Pump Capacity: 2500+/- 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: 60 Setting Depth: 80' 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: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

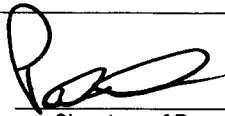
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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

Is This Meter (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 08/21/2014 

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