County:	Sunflower	
	GW-47868	√
	Irrigation Eq	
	ing completed:	

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 #:	L245
Aquifer:	
E-Log #:	

State Law requires that this report be prepared by the lic Department at the above address within 30 days of comp	
Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: Bear Wallow	Latitude: 33 38' 09.7 N Longitude: 90 31' 35.9 W
Mailing Address: P.O. Box 5	Method of Lat/Long (check one): Conventional Survey,
- the same of the	☐ USGS quad, ☑ Hand-held GPS, ☐ Survey-grade GPS
Doddsville Ms 38736	<u>NÉ</u> ¼ <u>NW</u> ¼, Sec <u>5</u> T <u>20 N</u> R <u>3 W</u>
City State Zip code	NW NE 1 Miles South of Doddsville
Telephone No	T Miles South of Doddsville (Distance) (Direction) (Nearest Town)
Well / Bor	ehole Data
Date drilling started: 05/02/2014 Date drilling completed:	05/02/2014 Hole depth: 123' Hole diameter: 24"
Location of the source of any surface water used for drilling:	urface Water
Method of dosing and volume of Chlorine used in drilling and deve	elopment: 50 PPM
Logs run (check all applicable): ☑ No log run ☐ Electric ☐ Gami	ma Ray 🗌 Density 🔲 Sonic 🔲 Neutron 🔲 Other:
Name of organization running log(s):	
Purpose of borehole (check one): Water Well Geotech	nical/Geological Investigation
☐ Seismic Survey ☐ C	Other (describe)
If drilling is not related to water well con	struction, skip the remainder of this block
Purpose of Well (check all applicable): ☐ Home ☐ Industrial ☐ Pr	ublic Supply ⊠ Irrigation □ Fish Culture
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 61' feet [□ above or ☒ below (check one)	w] land surface Date measured: 05/03/2014
Method of Measurement (check one) ☑ Steel tape ☐ Electric tap	e 🗌 Air line 🖺 Other: (describe)
Well depth: 123' Well grouted to a depth of: 10' feet	Type of grout (check one): ☐ Neat Cement ☐ Bentonite ☐ Mix
Casing length: 83' feet Casing diameter: 16"	inches Type of casing: PVC
Screen length: 40' feet Screen diameter: 16"	inches Type of screen: PVC
Screen slot size: .050 inches Setting depth:	From 84' feet to 123' feet
Type of completion (check all applicable): ☑ Gravel packed ☐ Un	nderreamed Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: Feet	
If telescoped or more than one	e screen, describe on next page

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

			Fo	or Office Use	Only:
County: Sunflower			Well#:	L245	
Permit #: GW-47868					
Feining.			L		
The sketch below only requ	ired for water wells	<u>Description of formation</u> and boreholes, unless sp			all wells
If well telescopes, show dep	ths on sketch.				
Ground level ——		Description of Formation	ons Encountered	From (depth Ground leve	
	<u>K</u>	Clay			
		Fine Sand	240.401	73	72
		Medium Sand & Coarse Sand & G		86	85 121
		Fine Sand & Grav		122	123
		rine Sand & Grav	/ei	122	123
	İ				
			• • • • • • • • • • • • • • • • • • • •		
	ĺ				_
If more than one coreen	show location of each on sketch				
n more man one screen,	show location of each on sketch				
Sketch the property lay	yout and include the following:				
1) the well location	n _				
2) any permanent	t structures on the property that m	nay aid in locating the well			
4) a north arrow	ver lines, or other items that may	aid in locating the property as	nd the well		
, = 1.0 = 1.0					
					77
					7
					5.26
					` ; \
Landowner Name: _	Bear Wallow		·		
					C) 0 C
I HEREBY CERTIFY th	nat the well/borehole was drilled, o	constructed, and completed in	n accordance wit	h all applicable	SWR-1A (04/08)
requirements of the Mis	ssissippi Department of Environm	ental Quality and the Missis	sippi Department	of Health regulat	ions,
if applicable, and state	laws.	_			·
Patrick Chism	0695	05/06/2014		-	
Print Name of Respons	sible Licensee and License No.	Date T	Signatu	re of Licensee	

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

County: Sunflower Permit #: GW-47868 Driller: Irrigation Equipment Date drilling completed: 05/02/2014

Copy information from block on Part 1

Patrick Chism

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

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#:	L245
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: Bear Wallow Latitude: 33 38' 09.7 N Longitude: 90 31' 35.9 W Mailing Address: P.O. Box 5 ☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS Doddsville Ms 38736 NE 1/2 NW 1/4, Sec 5 T 20 N R 3 W State Zip code South of _ Telephone No. (Direction) (Nearest Town) (Distance) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 05/03/2014 Rated Pump Capacity: 2300+/- 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: 90 feet Number of Stages: 2 Pump Test Data for Non Flowing Well Date Well Tested: Duration of Pump Test (minimum 4 hours): Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): ____ Feet Below Land Surface Drawdown [(B) - (A)]: 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 GPM with a drawdown of ______ feet after _____ hours of pumping Meter Installation Meter Manufacturer: Meter Serial Number: _____ Type of Meter: Meter Model Number/Name: 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.

05/02/2014

Date

Signature of Pump Installer Form: OLWR-SWR-1B (4/13)