

(Replacement for GW-10487)

# STATE WELL REPORT

## Part I

### 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 #: L 248  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Sunflower  
Permit #: GW-48517  
Driller: Tommy Peacock  
Date drilling completed: 9/16/14

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>Byrd Farms Partnership</u>			Latitude: <u>33° 37' 28"</u> Longitude: <u>90° 31' 05"</u>		
Mailing Address: <u>65 Romine Morgan Road</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Sunflower</u> State: <u>MS</u> Zip Code: <u>38778</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
Telephone No. (662) <u>458-3866</u>			<u>SW 1/4 SW 1/4, Sec 04 T 20 N R 03 W</u>		
			<u>4</u> Miles <u>North</u> of <u>Blaine</u>		
			(Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 9/16/14 Date drilling completed: 9/16/14 Hole depth: 123' Hole diameter: 26"

Location of the source of any surface water used for drilling: pumped from ~~aquifer~~ replaced well

Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tank

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: \_\_\_\_\_ feet (above or below) land surface Date measured: \_\_\_\_\_  
(circle one)

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

Well depth: 123 Well grouted to a depth of: 10 feet Type of grout (circle 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 83 feet to 123 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*

County: Sumner  
 Permit #: GW-48517

**For Office Use Only:**  
 well #: L248

The sketch below only required for water wells

Description of formation encountered must be provided for all wells and locations where specifically requested by applicant

If well intersects, show depths on sketch

Ground Level →

Top soil & clay	15'
clay	10'
clay/sand mix	10'
medium sand	20'
fine sand	40'
coarse & gravel	28'

Description of Formation Encountered	From Depth	To Depth
Top soil & clay	Ground level	15
clay	15	25
clay/sand mix	25	35
medium sand	35	55
coarse sand	55	95
coarse & gravel	95	123

If more than one source, 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 lines that may aid in locating the property and the well
- 4) north arrow

SEP 26 2014

Landowner Name:

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

Tommy Perneck Lic# 3409     9/23/14     Tommy Perneck  
 Public Health Officer     Inspector

# 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: Sunflower  
 Permit #: GW-48517  
 Driller: Tommy Peacock  
 Date completed: 9/16/14  
*Copy information from block on Part 1*

**For Office Use Only:**

Well #: L248  
 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>Byrd Farms Partnership</u>	Latitude: <u>33°37'28"</u> Longitude: <u>90°31'05"</u>
Mailing Address: <u>65 Blaine Morgan Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sunflower</u> MS <u>38778</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4, Sec 04 T 20N R 03W</u>
Telephone No. <u>(662) 458-3866</u>	<u>4</u> Miles <u>north</u> of <u>Blaine</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump installed: 9/17/14 Rated Pump Capacity: 2600 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: 60 Setting Depth: 80 feet Number of Stages: 2

**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 (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.

Tommy Peacock Lic# 3409 9/23/14 Tommy Peacock  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer