

# 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  
(601)961-5210  
(601)961-5228 (fax)

County: Sunflower  
Permit #: GW-49199  
Driller: TEON COATS  
Date drilling completed: 4-1-16

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: 0239  
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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Harry Hall</u>	Latitude: <u>33° 30' 31"</u> Longitude: <u>90° 29' 21"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, _____
<u>8015 FOX Fern</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>German town, TN 38134</u>	<u>SE 1/4 SE 1/4 Sec 15 Twn 19 N Rng 03 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</u> Miles <u>SE</u> of <u>Sunflower</u>

### Well / Borehole Data

Date drilling started: 4-1-16 Date drilling completed: 4-1-16 Hole depth: 122 Hole diameter: 28

Location of the source of any surface water used for drilling: nearest well  
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): \_\_\_\_\_

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: \_\_\_\_\_

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 4-1-16

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

Well depth: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite \_\_\_\_\_ Mix

Casing length: 82 feet Casing diameter: 16 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C

Screen slot size: 050 inches Setting depth: From 0 feet to 70 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)

Received

APR 22 2016

By OLWR



# 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-49199  
 Driller: TEDDY COATS  
 Date completed: 4-1-16  
Copy information from block on Part 1

**For Office Use Only:**

Well #: 0239  
 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>Larry Hall</u>	Latitude: <u>33 30 31</u> Longitude: <u>90 29 21</u>
Mailing Address: <u>8015 FOX FERN</u> <u>Germanatah TN 38138</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>15</u> T <u>19 N</u> R <u>03 W</u>
Telephone No. (____) _____	<u>5</u> Miles <u>SE</u> of <u>SUNFLOWER</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 4-1-16 Rated Pump Capacity: 1300 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: 40 Setting Depth: 80 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4-1-16 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 40 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface Test Pumping Rate: 1300 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 1300 GPM with a drawdown of 20 feet after 4 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.

TEDDY COATS # 5318 4-1-16 Teddy Coats  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

APR 22 2016  
 FORM: OLWR-SWK-1B (7/13)  
**By OLWR**