

# STATE WELL REPORT

14A

County: Tallahatchie  
 Permit #: \_\_\_\_\_  
 Driller: W. Bryant  
 Date drilling completed: 6-2-18

**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 #: N129  
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Ray Hausner</u>	Latitude: <u>33°53.85' N</u> Longitude: <u>090° 22.12' W</u>
Mailing Address: <u>511 Snow Brake Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, <small>51 7.2</small>
<u>Glendora</u> <u>MS</u> <u>38928</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4, Sec 2 T 23 N R 2 W</u>
Telephone No. <u>(662) 375-4455</u>	<u>2</u> Miles <u>SE</u> of <u>Wehbe, MS</u> <small>(Distance) (Direction) (Nearest Town)</small>

**Well / Borehole Data**

Date drilling started: 6-2-18 Date drilling completed: 6-2-18 Hole depth: 110 Hole diameter: 7"  
 Location of the source of any surface water used for drilling: Nearby ditch  
 Method of dosing and volume of Chlorine used in drilling and development: -0-  
 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*

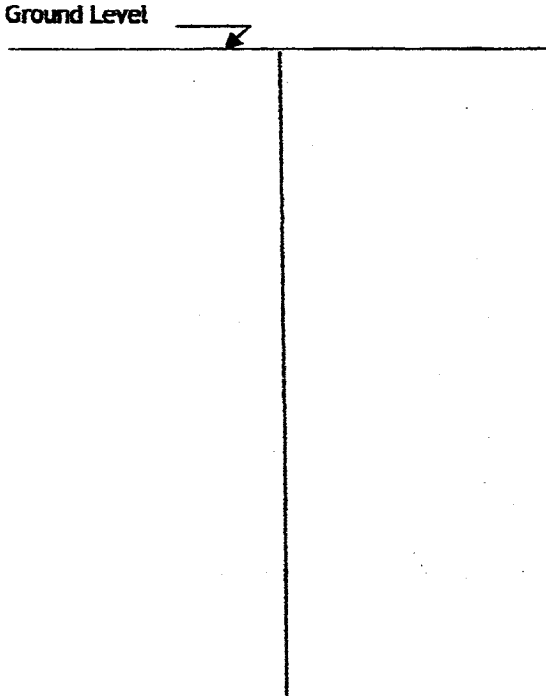
Purpose of Well (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): fill spray Rigg + wash Equipment  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 38' feet  above or  below land surface Date measured: 6-2-18  
(check one)  
 Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): Rope + weight  
 Well depth: 110 Well grouted to a depth of: 12 feet Type of grout (check one)  Neat Cement  Bentonite  Mix  
 Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC SCH-40  
 Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC slotted  
 Screen slot size: 0.013 inches Setting depth: From 80 feet to 110 feet  
 Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: -0- feet

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

County: \_\_\_\_\_  
Permit #: \_\_\_\_\_

**For Office Use Only:**  
Well #: N129

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

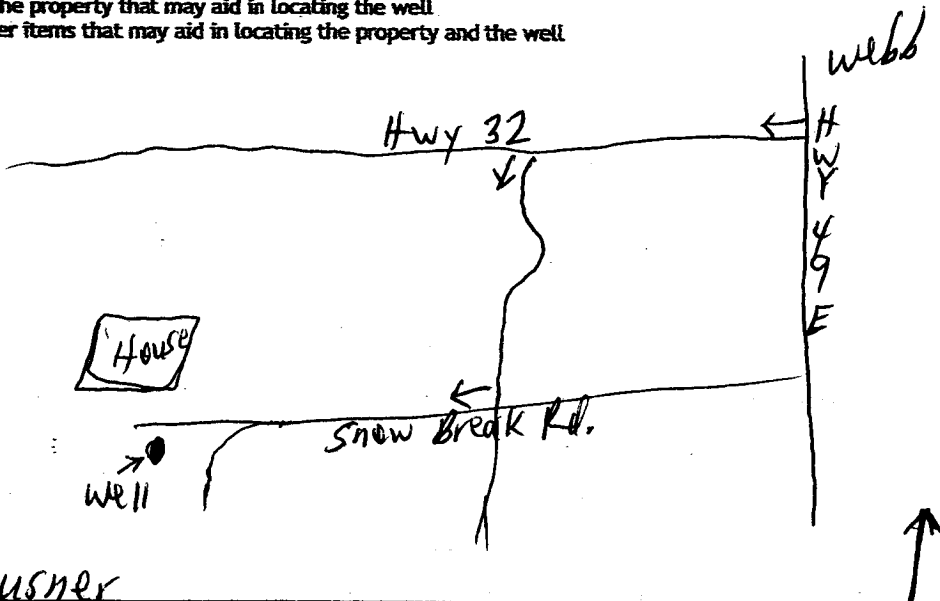


**Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations**

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	30
clay & med. sand	30	45
coarse sand	45	80
gravel & Rocks	80	110

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) north arrow



Landowner Name: Ray Hausner

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.

Willie L. Bryant 0-639      6-15-18      Willie L. Bryant  
Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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: Tallahatchie  
 Permit #: \_\_\_\_\_  
 Driller: W. Bryant  
 Date completed: 6-2-18  
Copy information from block on Part 1

**For Office Use Only:**

Well #: N129  
 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>Ray Hausner</u>	Latitude: <u>33-53-51</u> Longitude: <u>90-22-7.2</u>
Mailing Address: <u>511 Snow Break Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Glendora</u> <u>MS</u> <u>38928</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> <u>NE</u> <u>SE</u> <u>SW</u> <u>1/4</u> , Sec <u>2</u> T <u>23N</u> R <u>2W</u>
Telephone No. <u>(662) 375-4455</u>	<u>2</u> Miles <u>SE</u> of <u>Webb MS</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

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

Date Pump Installed: 6-2-18 Rated Pump Capacity: 90 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: 2 Setting Depth: 84 feet Number of Stages: 5

**Pump Test Data for Non Flowing Well**

Date Well Tested: 6-2-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 38 Feet Below Land Surface Pumping Water Level (B): 42 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 97 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): water level meter

**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.*

RECEIVED  
 JAN 28 2019  
 BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Willie L. Bryant 0-639 6-15-18 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer