

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

County: Tallahatchie  
Permit #: MS 610-45746  
Driller: \_\_\_\_\_  
Date drilling completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: P 87  
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.**

<p style="text-align: center;"><b>Information on Well Owner</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Dand Farms</u> Mailing Address: <u>PO Box 5</u> <u>Tippo</u> <u>MS</u> <u>38962</u> City State Zip Code Telephone No. (____) _____</p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 53' 27.6"</u> Longitude: <u>90° 9' 46.8"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>S10 1/4 NE 1/4 Sec 02 Twn 23N Rng 01E</u> ✓ Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 12/13/13 Date drilling completed: 12/14/13 Hole depth: 110 Hole diameter: 28

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

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 0.32 inches Setting depth: From 70 feet to 110 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***

-90.163  
33,891

12-15-2013



# STATE WELL REPORT

## Part 2

County: Tallahatchie  
 Permit #: MS QW 45846  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**Pump Installer's Completion Report**  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: P 87  
 Elevation: \_\_\_\_\_

*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>DANDY Farms</u>	Latitude: <u>33° 53' 27.6"</u> Longitude: <u>-90° 9' 46.8"</u>
Mailing Address: <u>PO Box 5</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>TIPPO MS 38962</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 02 T 23N R 01E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>TIPPO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	<del>Direct Engine</del> Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>12/14/13</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Kelly Vest UMR 0452 Kelly Vest  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer