

# 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 #: A 101  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 2-10-17

*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>ODELL DAVIS</u>	Latitude: <u>34° 51.55'</u> Longitude: <u>90° 11' 4.37"</u>
Mailing Address: <u>3158</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>BLUFF RD</u>	<input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
<u>OSWATER MS. 3868</u>	<u>NW 1/4 NE 1/4, Sec 31 T 45 R 9 W</u>
City _____ State _____ Zip Code _____	<u>4</u> Miles <u>W</u> of <u>ANKADUTZA</u>
Telephone No. <u>(662) 560-6238</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 2-10-17 Date drilling completed: 2-10-17 Hole depth: 153 Hole diameter: 8"

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

Method of dosing and volume of Chlorine used in drilling and development: 5 PPM

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: 122 feet (above or  below) land surface Date measured: 2-10-17  
(circle one)

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): LINE + WEIGHT

Well depth: 153 Well grouted to a depth of: 10 feet Type of grout (circle one):  Neat Cement  **Bentonite** Mix

Casing length: 133 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 PLUS inches Setting depth: From 133 feet to 153 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*

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# 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 #: A101  
 Aquifer: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 2-10-17  
 Copy information from block on Part 1

*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>ODEL DAVIS</u>	Latitude: <u>34°41'51.55"</u> Longitude: <u>90°11'14.37"</u>
Mailing Address: <u>3158 BLUFF RD</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____ <input type="checkbox"/> USGS quad _____, <input type="checkbox"/> Hand-held GPS _____, <input type="checkbox"/> Survey-grade GPS _____
<u>ODOWATER MS. 39018</u>	NW ¼ NE ¼, Sec <u>A-31</u> T <u>4S</u> R <u>9W</u>
City: _____ State: _____ Zip Code: _____	<u>4</u> Miles <u>W</u> of <u>ANKARBUTCA</u>
Telephone No. <u>601 500-6238</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 2-10-17 Rated Pump Capacity: 10 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: 3/4 Setting Depth: 140 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 2-10-17 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 122 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): LINE + WEIGHT

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded 10 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.

Bob Smith 0645 2-16-17 [Signature]

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

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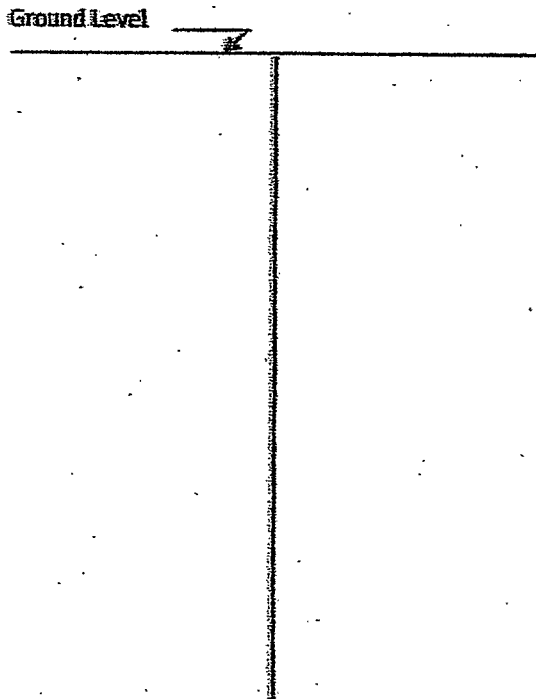
BY OLWR

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

**For Office Use Only:**  
 Well #: A101

The sketch below only required for water wells

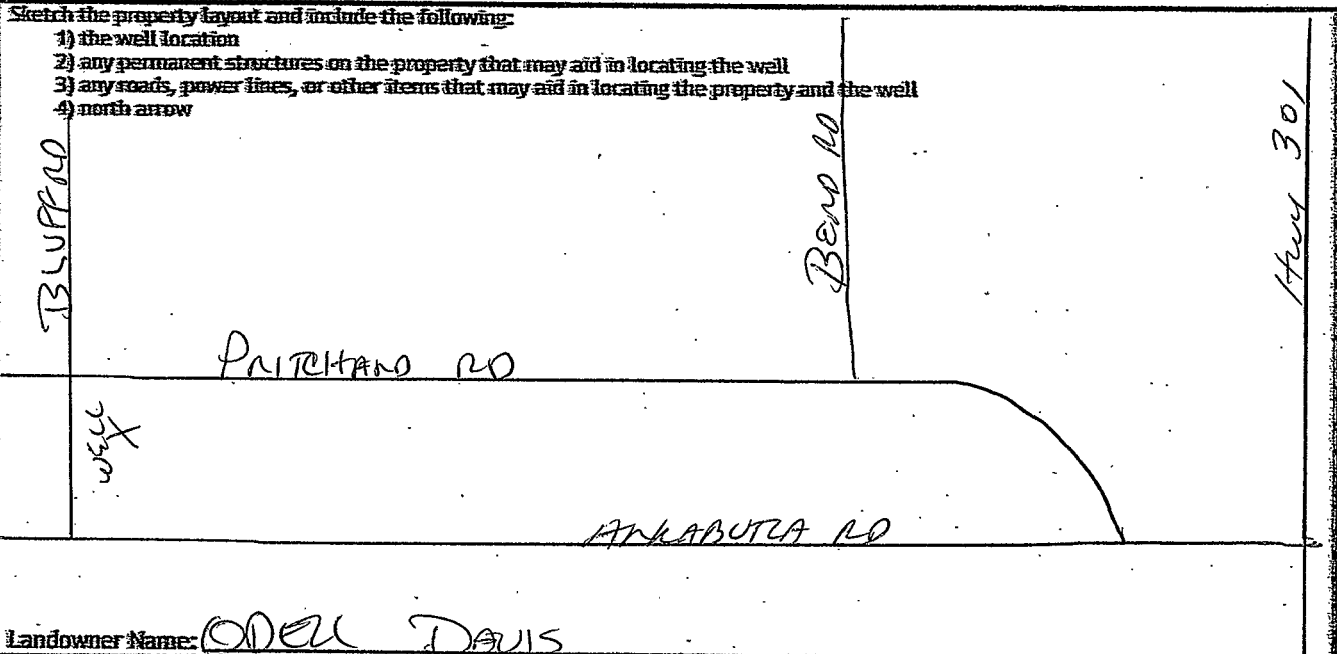
If well telescopes, show depths on sketch.



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)
TOP SOIL	0 Ground level	5
BROWN CLAY	5	20
WHITE CLAY	20	100
RED SIFT GRAVEL	110	153
GREY CLAY	153	

If more than one screen, show location of each on sketch



Landowner Name: ODELL DAVIS

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.

BOB SMITH 0695 2-16-17 [Signature] RECEIVED  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-3B(4/13)17

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