

# 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 39275-7309

(601)951-5210

(601)360-0535 (fax)

**For Office Use Only:**

Well #: B227

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 8-7-17

*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.*

<p style="text-align: center;"><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ray Lucias</u>                  Mailing Address: <u>1110 Sewell Rd</u>  <u>Colonia MS 38618</u>                  City State Zip Code                  Telephone No: <u>(662) 689-0410</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>34°45'21.30</u> Longitude: <u>89°53'5185</u>                  Method of Lat/Long (check one): Conventional Survey _____                  USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____  <u>NW ¼ NW ¼, Sec 12 T 4 S R 7 W</u>                  _____ miles _____ of _____                  (Distance) (Direction) (Nearest Town)</p>
--	--

**Well / Borehole Data**

Date drilling started: 8-7-17 Date drilling completed: 8-7-17 Hole depth: 155 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: 60 feet (above or below) (circle one) land surface Date measured: 8-7-17  
 Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe): LINE + WEIGHT  
 Well depth: 155 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement   Bentonite Mix  
 Casing length: 135 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 MVS inches Setting depth: From 135 feet to 155 feet  
 Type of completion (circle all applicable):  Gravel packed  Underreamed  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of tap pipe or reduction in casing: \_\_\_\_\_ feet

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

RECEIVED  
SEP 11 2017  
BY OLR

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2189  
 Jackson, MS 39205-2189  
 (601) 361-5740  
 (601) 361-2535 (fax)

County: <u>TATE</u>
Permit #: _____
Name: <u>Bob Smith</u>
Date completed: <u>8-7-17</u>
Copy information from Part 1 on Part 1

<b>For Office Use Only:</b>
Well #: <u>B227</u>
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 of the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Ray Perious</u>	Latitude: <u>34°45'21.30</u> Longitude: <u>89°53'51.88</u>
Mailing Address: <u>1110 SOWELL RD</u>	Method of Labeling (check one): <u>Conventional Survey</u>
<u>COLLATERAL MS 3868</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW ¼ NW ¼, Sec 12 T 4S R 7W</u>
Telephone No. <u>662 689-0410</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____
Date Pump Installed: <u>8-7-17</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute
Is this Pump (circle one): <input checked="" type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement

Power Type (circle one)
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Turbine <input type="checkbox"/> PMS <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____
Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>80</u> feet Number of Stages: <u>8</u>

Pump Test Data for Non-Flowing Well
Date Well Tested: <u>8-7-17</u> Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>60</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Hoop tape <input type="checkbox"/> Airline <input type="checkbox"/> Other (describe): <u>LWS + USE 1644</u>

Pump Test Data for Flowing Well
Measured shut-in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Information
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x 1001, gal x 1000, etc.): _____
Installation Date: _____ Meter installed by: _____
Is this Meter (circle one): <input type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/> Replacement
<b>Important:</b> By submitting the above information you are certifying that this meter was installed to manufacturer standards. For registered wells, a list of approved meters is on the MWDQ website.

RECEIVED  
SEP 11 2017  
BY OLW/R

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>Bob Smith 0645</u> Print Name of Pump Installer and License No. (if applicable)	<u>8-7-17</u> Date	 Signature of Pump Installer

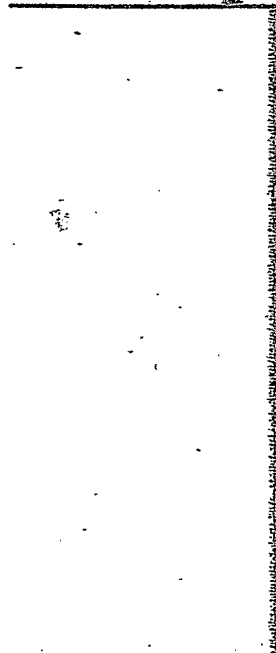
County: TATE  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: B227

The strata below are marked for water wells

If well screens are installed in these strata

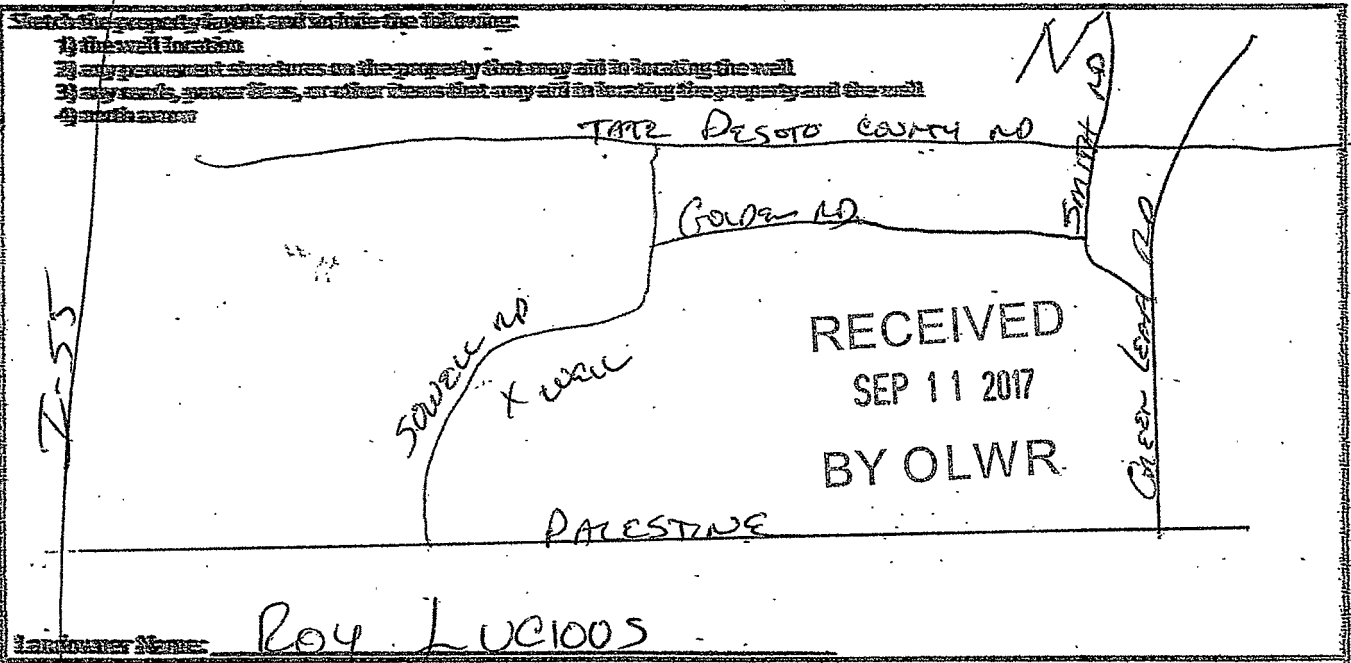
Ground level \_\_\_\_\_



Description of formations encountered from top of well and location of screens and depth of each stratum

Description of Formations Encountered	From (Depth)	To (Depth)
TOP SOIL	0	5
BROWN CLAY	5	18
YELLOISH CLAY	18	30
WHITE SAND CLAY	30	40
WHITE CLAY	40	110
WHITE SAND	110	155

Formation names, show location of each stratum



Landowner Name: ROY LUCIUS

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 9-4-17 \_\_\_\_\_  
 Print Name of Responsible Person and License No. Date Signature of Licensee