

County: ITKE  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date drilling completed: 12-7-17

# 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)360-8535 (fax)

**For Office Use Only:**  
 Well #: B231  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Brian Kellan</u>	Latitude: <u>39°41'29.53</u> Longitude: <u>89°56'36.02</u>
Mailing Address: <u>Gordon Road</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Osprey MS 38678</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 33 T 45 R 7W</u>
Telephone No. <u>901 461-8526</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 12-7-17 Date drilling completed: 12-7-17 Hole depth: 145 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: 20 feet (above or  below) land surface Date measured: JAN 04 2018

Method of measurement (circle one): Steel tape  Electric tape  Air line  Other (describe) \_\_\_\_\_

Well depth: 145 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: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 TUBS inches Setting depth: From 135 feet to 145 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*

RECEIVED  
 BY OLWR

# STATE WELL REPORT

County: LATE  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 12-7-17  
Copy information from block on Part 1

## 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) 351-5210  
 (601) 350-8735 (fax)

**For Office Use Only:**

Well #: B231  
 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 same address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Brian Kellan</u>	Latitude: <u>34°41'29.53</u> Longitude: <u>89°56'36.02</u>
Mailing Address: <u>Crown Poo Dr.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>Crown Poo</u> <u>MS</u> <u>38618</u>	<input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4, Sec. 33 T 4S R 7W</u>
Telephone No. ( ) _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 12-7-17 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: 40 feet Number of Stages: 8

**Pump Test Data for Non-Flowing Well**

Date Well Tested: 12-1-17 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 20 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  Airline  Other (describe): \_\_\_\_\_

**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: RECEIVED

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (4F x .001, gal x 1000, etc): \_\_\_\_\_ JAN 04 2019

Installation Date: \_\_\_\_\_ Meter installed by: BY OLWR

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 OLWR website.

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

Bob Smith 0645 12-30-17 [Signature]

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

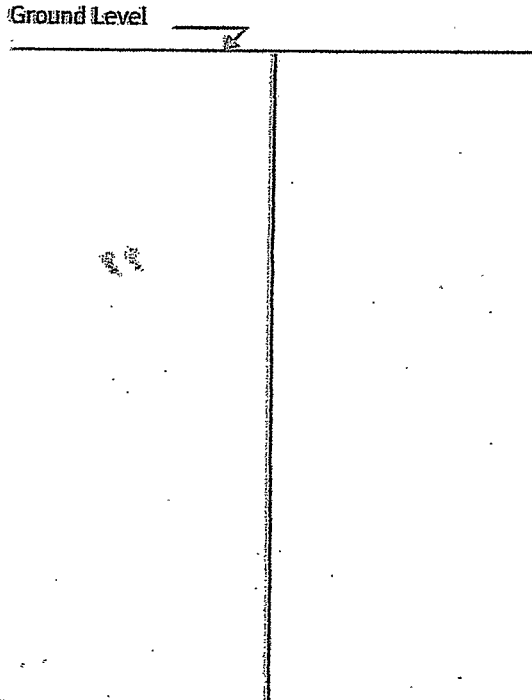
Form: OLWR-SWR-2A (4/13)

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

**For Office Use Only:**  
 Well #: B231

The sketch below only required for water wells

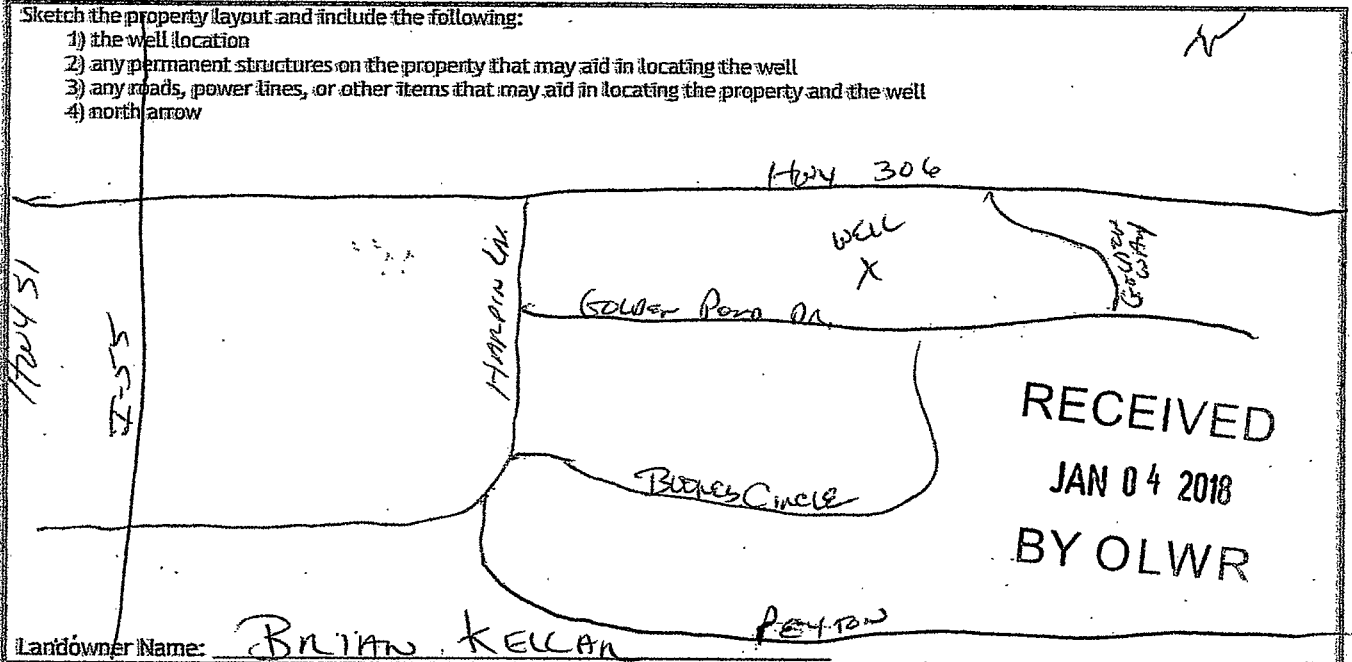
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	20
RED SAND & GRAVEL	20	40
WHITE CLAY	40	70
WHITE SAND & CLAY	70	110
WHITE SAND	110	145

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



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 Smart 0645 12-30-17 [Signature]  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee