

# 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)

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 10-29-15

**For Office Use Only:**

Well #: C 3.94  
 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>BOB WOODS</u>	Latitude: <u>34°45'00.2"N</u> Longitude: <u>89°47'30.32"W</u>
Mailing Address: <u>496 CONWAY RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>COLOWAYEN, MS. 38618</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 SW 1/4, Sec 0-24 T 45 R 6W</u>
Telephone No. <u>(662) 274-5123</u>	<u>2</u> Miles <u>S</u> of <u>WYKEFIELD</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10-29-15 Date drilling completed: 10-29-15 Hole depth: 150 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: 2 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) land surface Date measured: 10-29-15  
(circle one)

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

Well depth: 150 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 130 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 THOUS inches Setting depth: From 130 feet to 150 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*



# 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 #: C394

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

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 10-29-15  
*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>BOB WOODS</u>	Latitude: <u>34°43'00.21"N</u> Longitude: <u>89°47'30.32"W</u>
Mailing Address: <u>496 CONWAY RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>OSLOWATER MS</u> State: <u>MS</u> Zip Code: <u>38618</u>	_____ 1/4 _____ 1/4, Sec <u>D24</u> T <u>4S</u> R <u>6W</u>
Telephone No. <u>(662) 274-5173</u>	<u>2</u> Miles <u>S</u> of <u>WARFIELD</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: \_\_\_\_\_ 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: 80 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 10-29-15 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 60 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: 12 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 12 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 0945 11-17-15 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer