

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 39275-2309
(601)961-5210
(601)368-0535 (fax)

County: TATE
Permit #: _____
Driller: Bob Smith
Date drilling completed: 3-18-18

For Office Use Only:

Well #: E-70
Aquifer: _____
E-Log #: _____

State Law requires that this report be prepared by the licensee 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>RAMON McMASTERS</u>	Latitude: <u>34°39'00.7</u> Longitude: <u>90°06'45.0</u>
Mailing Address: <u>5497 HWY 4 WEST</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____
<u>SEMOGIA, MS. 38668</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 SE 1/4 Sec 26 T 5S R 9W</u>
Telephone No. <u>906 409-0448</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-18-18 Date drilling completed: 3-18-18 Hole depth: 200 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: 68 feet (above or below) land surface Date measured: 3-18-18
(circle one)

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

Well depth: 200 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 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 T.M.O.S. inches Setting depth: From 180 feet to 200 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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BY OLWR
Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

County: TALC
 Permit #: _____
 Driller: Bob Smith
 Date completed: 3-18-18
 Every information furnished on this report is true to the best of my knowledge.

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) 951-5240
 (601) 368-5755 (fax)

For Office Use Only:

Well #: E-70
 Appr #: _____

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 submitted and kept on file with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>RANDON MCANSTENS</u>	Latitude: <u>34°37'00.7</u> Longitude: <u>90°06'45.0</u>
Mailing Address: <u>5497 Hwy 4 WEST</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SE-A-17031A MS-38668</u>	USGS quad <u>NE 26 SE 26 T 5S R 9W</u>
City <u>_____</u> State <u>_____</u> Zip Code <u>_____</u>	Miles <u>_____</u> of <u>_____</u> (Direction) (Nearest Town)
Telephone No. <u>901 409-0448</u>	

Pump Type (circle one)

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

Date Pump Installed: 3-18-18 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): _____

Motor Power Rating of Motor: 1 Horsepower 80 feet Number of Stages: 10

Pump Test Data for Non-Flowing Well

Date Well Tested: 3-18-18 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 68 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): _____

Pump Test Data for Flowing Well

Measured flow in barrel: _____

Well yielded 12 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 (ft x 100, gal x 1000, etc.): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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Signature: By submitting this report you are certifying that this meter was installed to manufacturer standards. For replacement wells, a list of replacement meters is on the inside cover.

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

Bob Smith 0645 4-15-18 _____

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

Form DEWR-SWR-2A (4/13)

