

# 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: 11-21-15

#### For Office Use Only:

Well #: F101  
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>Tony Smith</u>	Latitude: <u>34°40'18.48"N</u> Longitude: <u>90°02'10.99"W</u>
Mailing Address: <u>109 LUKE LANE</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>COLDWATER</u> MS. <u>38618</u>	<u>SW 1/4 SW 1/4, Sec 3 T55 R8W</u>
City _____ State _____ Zip Code _____	<u>3</u> Miles <u>S/W</u> of <u>COLDWATER</u>
Telephone No. <u>(662) 292-8050</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>11-21-15</u> Date drilling completed: <u>11-21-15</u> Hole depth: <u>149</u> Hole diameter: <u>8"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>2 ppm</u>
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): <input checked="" type="radio"/> Water Well _____ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <input checked="" type="radio"/> Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet [above or <input checked="" type="radio"/> below] land surface Date measured: <u>11-21-15</u> <small>(circle one)</small>
Method of measurement (circle one): Steel tape _____ Electric tape _____ Air line _____ Other (describe): <u>LINE &amp; WEIGHT</u>
Well depth: <u>149</u> Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____
Casing length: <u>129</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>13 THOUS</u> inches Setting depth: From <u>129</u> feet to <u>149</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed _____ Underreamed _____ Open hole _____ Natural Development _____
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

# STATE WELL REPORT

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 11-21-15  
*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)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: F107  
 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 above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Tom Smith</u>	Latitude: <u>34°40'18.48"N</u> Longitude: <u>90°21'10.99"W</u>
Mailing Address: <u>108 Luke Lane</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Coramur</u> MS. <u>38618</u>	<u>SW 1/4 SW 1/4, Sec 6-3 T. 55 R. 8W</u>
City _____ State _____ Zip Code _____	<u>3</u> Miles <u>SW</u> of <u>Osborne</u>
Telephone No. <u>(662) 292-8050</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

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

Date Pump Installed: 11-21-15 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: 120 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-21-15 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 90 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 \_\_\_\_\_ 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 12-16-15 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

