

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)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: B41
Aquifer: _____
E-Log #: RECEIVED

County: Tishomingo
Permit #: _____
Driller: Robert Gentry
Date drilling completed: 9/8/17

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.

OCT 19 2017
BY OLWR

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Cheryl Moore</u>	Latitude: <u>34° 54' 46.7"</u> Longitude: <u>88° 11' 58.3"</u>
Mailing Address: <u>8599 Beaverwood Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>German town</u> <u>TN</u> <u>38138</u>	<u>NE 1/4 NW 1/4, Sec 13 T 25 R 10E</u>
City State Zip Code	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. <u>(901) 691-1872</u>	

Well / Borehole Data
Date drilling started: <u>9-7-17</u> Date drilling completed: <u>9-8-17</u> Hole depth: <u>243</u> Hole diameter: <u>6"</u>
Location of the source of any surface water used for drilling: <u>NA</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: <u>NA</u>
Name of organization running log(s): <u>NA</u>
Purpose of borehole (check one) <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>130</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>9-8-17</u> <small>(check one)</small>
Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>243</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>203</u> feet Casing diameter: <u>65/8</u> inches Type of casing: <u>Black Steel 1</u>
Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____
Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet
Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input checked="" type="checkbox"/> Open hole <input type="checkbox"/> 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>

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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 #: B41
Aquifer:

County: Tishomingo
Permit #:
Driller:
Date completed:
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: Owner Name: Cheryl Moore, Mailing Address: 8599 Beaverwood Dr., German town TN 38138, Telephone No. (901) 691-1872
Well Location: Latitude: 34°54'46.7", Longitude: 88°11'58.3", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS X, Survey-grade GPS

Pump Type (check one): Submersible X Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other
Date Pump Installed: 9/26/17, Rated Pump Capacity: 20 Gallons Per Minute
Is This Pump (check one): X New, Repaired, Replacement

Power Type (check one): Electric X Diesel, Gasoline, Natural Gas, Tractor PTO, Windmill, Other
Horse Power Rating of Motor: 1.5, Setting Depth: 200 feet, Number of Stages: 10

Pump Test Data for Non Flowing Well: Date Well Tested: NA, Duration of Pump Test: minimum 4 hours, Static Water Level (A): 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 (check one): Steel tape, Electric tape, Air line, Other

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

Meter Installation: Meter Manufacturer: NA, 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 (check 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.
Robert Gentry, 10/16/17, Signature of Pump Installer