

STATE WELL REPORT

544

County: Tishomingo
 Permit #: NA
 Driller: Robert Gentry
 Date drilling completed: 9/04/18

**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 #: L81
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Don Thompson</u>	Latitude: <u>N 34°28' 36.6"</u> Longitude: <u>W 088° 09' 40.2"</u>
Mailing Address: _____ <u>20 Co Rd 84</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Golden</u> State: <u>MS</u> Zip Code: <u>38847</u>	<u>NE 1/4 NW 1/4, Sec 17 T 7S R 11E</u>
Telephone No. (<u>662</u>) <u>676-2980</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 8/30/18 Date drilling completed: 9/04/18 Hole depth: 300 Hole diameter: 6"
 Location of the source of any surface water used for drilling: NA
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: NA
 Name of organization running log(s): na
 Purpose of borehole (check 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 (check all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve NA Other (describe) _____
 Static Water Level: _____ feet above or below land surface Date measured: _____
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): Drill rod
 Well depth: 300 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix
 Casing length: 105 feet Casing diameter: 6-5/8" inches Type of casing: Steel
 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): gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: NA feet

If telescoped or more than one screen, describe on next page

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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)

County: Tishomingo
 Permit #: NA
 Driller: Robert Gentry
 Date completed: 9/04/18
Copy information from block on Part 1

For Office Use Only:

Well #: LS1
 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>Don Thompson</u>	Latitude: <u>N 34°28' 36.6"</u> Longitude: <u>W 088° 09' 40.2"</u>
Mailing Address: _____ <u>20 Co Rd 84</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Golden</u> MS <u>38847</u>	<u>NE 1/4 NW 1/4, Sec 17 T 7S R 11E</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (<u>662</u>) <u>676-2980</u>	

Pump Type (check one)

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

Date Pump Installed: NA Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: 1

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Pump Test Data for Non Flowing Well

Date Well Tested: 9/04/18 Duration of Pump Test (minimum 4 hours): _____ 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: 0-Dry Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): Tested by blowing w/ rig

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: 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 UNR-00008854 11/12/18 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer