

Replacement for GW-03297

# 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)

### For Office Use Only:

Well #: A52  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Tunica  
Permit #: GW-47418  
Driller: Tommy Perceck  
Date drilling completed: 6/7/13

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Bowdre Place</u>	Latitude: <u>34 47 49<sup>56</sup></u> Longitude: <u>90 18 42<sup>36</sup></u>
Mailing Address: <u>PO Box 98</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Robinsonville</u> MS <u>38664</u>	<u>SE 1/4 NE 1/4</u> , Sec <u>25</u> T <u>03S</u> R <u>11W</u>
City State Zip Code	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

**Well / Borehole Data**

Date drilling started: 6/7/13 Date drilling completed: 6/7/13 Hole depth: 115 Hole diameter: 2 1/2"  
 Location of the source of any surface water used for drilling: ditch half mile from well location  
 Method of dosing and volume of Chlorine used in drilling and development: chlorinated in tank  
 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: \_\_\_\_\_ feet [above or below] land surface Date measured: \_\_\_\_\_  
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
 Well depth: 115 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 40' feet Casing diameter: 16" inches Type of casing: PVC  
 Screen length: 75' feet Screen diameter: 16" inches Type of screen: PVC  
 Screen slot size: 1.50 inches Setting depth: From 75 feet to 115 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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# 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: TUNICA  
 Permit #: GW-47418  
 Driller: TOMMY PEACOCK  
 Date completed: 6-7-13  
Copy information from block on Part 1

**For Office Use Only:**

Well #: A52  
 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>BOWDRE PLACE</u>	Latitude: <u>31° 47.56"</u> Longitude: <u>90° 18.36"</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>ROBINSONVILLE</u> <u>MS</u> <u>38644</u>	<u>SE 1/4 NE 1/4, Sec 25 T 33 R 11 W</u>
City State Zip Code	<u>      </u> Miles of <u>      </u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(602) 363-1227</u>	

**Pump Type (circle one)**

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

Date Pump Installed: 6-12-13 Rated Pump Capacity: 1300 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: 80 Setting Depth: 600 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ 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: \_\_\_\_\_ Gallons Per Minute

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

**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: N/A Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

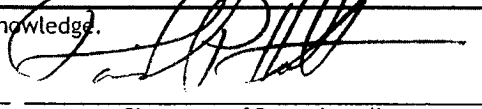
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

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.

DAVID P. HOLT 0-752P 6-18-13 

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

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 JUN 21 2013  
 BY: OLWR

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