

| |
|--------------------------------|
| County: _____ |
| Permit #: _____ |
| Driller: _____ |
| Date drilling completed: _____ |

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) 961-5171
 WELLRECORDS@MDEQ.MS.GOV

For Office Use Only:

| |
|----------|
| Well #: |
| 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 (Landowner if borehole is not for a water well) | | | Well or Borehole Location | | |
| Owner Name: _____ | | | Latitude: _____ Longitude: _____ | | |
| Mailing Address: _____ _____ | | | Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-Held GPS <input type="checkbox"/> Survey-grade GPS | | |
| City | State | Zip Code | _____ 1/4 _____ 1/4, Sec _____ T _____ R _____ _____ Miles _____ of _____ | (Distance) | (Direction) (Nearest Town) |
| Phone #: (_____) _____ | | | | | |

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole Depth: _____ (ft) Hole Diameter: _____ (in)

Drilling Water Source: Groundwater, Surface Water Location: _____

Chlorination: Dosing Method: _____ Volume (Chlorine): _____

Logs Run (check all applicable): None Electric Gamma Ray Density Sonic Neutron Other: _____

Name of Organization running log(s): _____

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 Wildlife Management

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ (ft) [above or below] land surface Date Measured: _____
 (check one)

Method of Measurement (check one): Steel Tape Electric Tape Air Line Other (describe): _____

WELL: Depth: _____ (ft)

GROUT: Depth: _____ (ft) Type (check one): Neat Cement Bentonite Mix Bentonite Pellets

CASING: Length _____ (ft) Diameter _____ (in) Type _____

SCREEN: Length _____ (ft) Diameter _____ (in) Type _____

Slot Size _____ (in) Setting Depth: From _____ (ft) to _____ (ft)

Type of Completion (check all applicable): Gravel Packed Underreamed Open Hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ (ft)

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

County: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.

A diagram illustrating a vertical line representing a structure or object. A horizontal line at the top is labeled "Ground Level" in black text. An arrow points from this label to the top of the vertical line. The vertical line is a single, thin black line extending from the "Ground Level" to the bottom of the frame.

If more than one screen, show location of each on sketch.

For Office Use Only:

Description of formation encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Sketch or include an aerial imagery map of the property layout and include the following:

- 1) Well Location (with X or point)
- 2) Permanent Structures (Home, Shed, etc.)
- 3) Utilities (Roads, Lines, etc.)
- 4) North Arrow (N↑)

INSERT IMAGE BELOW

Landowner Name: _____

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee License # Date Signature of Licensee

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) 961-5171

WELLRECORDS@MDEQ.MS.GOV

For Office Use Only:

Well #: _____

Aquifer: _____

County: _____

Permit #: _____

Driller: _____

Date completed: _____

Copy information from block on Part 1

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 Owner Name: _____ Mailing Address: _____ City _____ State _____ Zip Code _____ Phone #: (_____) _____ | | Well or Borehole Location Latitude: _____ Longitude: _____ Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-Held GPS <input type="checkbox"/> Survey-grade GPS _____ 1/4 _____ 1/4, Sec _____ T _____ R _____ ____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |
| Pump Type <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Air Lift <input type="checkbox"/> Centrifugal <input type="checkbox"/> Flowing Well <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Other (describe): _____ Date Pump Installed: _____ Rated Pump Capacity: _____ (GPM) Is The Pump (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement | | |
| Power Type <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (describe): _____ Motor Rating: _____ (HP) Setting Depth: _____ (ft) Number of Stages: _____ | | |
| 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: _____ (GPM) 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): _____ | | |
| Pump Test Data for Flowing Well Measured Shut-In Head: _____ (ft) Well yielded _____ (GPM) with a drawdown of _____ (ft) after _____ (hours) of pumping | | |
| Meter Installation Meter Manufacturer: _____ Meter Serial #: _____ Meter Model Name/Number: _____ Meter Type: _____ Total Register Unit (Reading Amount): _____ Multiplier Factor (e.g. AFx.001, GALx100, etc.): _____ Installation Date: _____ Meter Installed by: _____ Is This Meter (check one): <input type="checkbox"/> New <input type="checkbox"/> Repaired <input type="checkbox"/> Replacement | | |
| <p>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 available on the MDEQ website.</p> | | |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. | | |
| Print Name of Pump Installer | License # | Date |
| Signature of Pump Installer | | |