

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
_____	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
Phone #: (_____) _____	(Distance) _____ (Direction) _____ (Nearest Town) _____

### 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.***

Permit #: \_\_\_\_\_

Well #: \_\_\_\_\_

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

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
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[illegible]

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

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 #

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Date

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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): ☐ Conventional Survey

☐ USGS quad ☐ Hand-Held GPS ☐ Survey-grade GPS

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

\_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

(Distance) (Direction) (Nearest Town)

### Pump Type

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

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: \_\_\_\_\_ (GPM)

Is The Pump (check one): ☐ New ☐ Repaired ☐ Replacement

### Power Type

☐ Electric ☐ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ 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): ☐ Steel Tape ☐ Electric Tape ☐ Air Line ☐ 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): ☐ 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 available on the MDEQ website.

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