County:	
Permit #:	
Driller:	
Date drilling completed:	

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 #:
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.

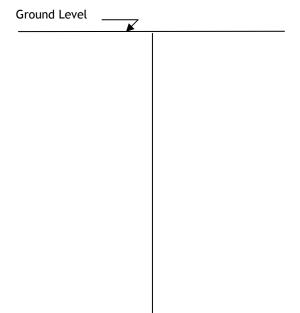
Well Owner Information	Well or Borehole Location		
(Landowner if borehole is not for a water well)	Latitude: Longitude:		
Owner Name:	Method of Lat/Long (check one): Conventional Survey,		
Mailing Address:			
	USGS quad, Hand-held GPS, Survey-grade GPS		
	¼¼, Sec T R		
City State Zip Code	Miles of (Distance) (Direction) (Nearest Town)		
Telephone No. ()	(Distance) (Direction) (Nearest Town)		
Well / B	orehole Data		
Date drilling started: Date drilling completed:	Hole depth: Hole diameter:		
Location of the source of any surface water used for drilling	ng:		
Method of dosing and volume of Chlorine used in drilling a	nd development:		
Logs run (check all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
Name of organization running log(s):			
Purpose of borehole (check one): Water Well Geotechni	cal/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other	describe)		
If drilling is not related to water well c	onstruction, 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	Other (<i>describe</i>)		
Static Water Level:feet [above or below] land surface Date measured: (check one)			
Method of measurement (check one): Steel tape Electric tape Air line Other (describe):			
Well depth: Well grouted to a depth of: feet Type of grout (check one): Neat Cement Bentonite Mix			
Casing length:feet Casing diameter:inches Type of casing:			
Screen length: feet Screen diameter: inches Type of screen:			
Screen slot size:inches Setting depth: Fromfeet tofeet			
Type of completion (check 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			

County:	
Permit #:	

Well #: ____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (<i>depth</i>) Ground level	To (depth)
	Ground level	

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

Sketch the property layout and include the following:

1) the well location

2) any permanent structures on the property that may aid in locating the well

3) any roads, power lines, or other items that may aid in locating the property and the well

4) north arrow

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.

STATE WELL REPORT

Part 2

<u>Copy information from block on Part 1</u>	
Date completed:	l
Driller:	l
Permit #:	l
County:	L

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 #:	
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:	Latitude: Longitude:	
Mailing Address:	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
	1¼1¼, Sec T R	
City State Zip Code		
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)	
Pump Ty	pe (check <i>one</i>)	
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):	
Date Pump Installed:	Rated Pump Capacity:Gallons Per Minute	
Is This Pump (check one): New Repaired Replaceme	nt	
Power Ty	pe (check <i>one</i>)	
Electric Diesel Gasoline Natural Gas Tractor PTO Wir	ndmill Other (<i>describe</i>):	
Horse Power Rating of Motor: Setting Dep	th:feet 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 Sur	face Test Pumping Rate: Gallons Per Minute	
Method of measurement (check one): Steel tape Electric t	ape Air line Other (<i>describe</i>):	
Pump Test Da	ta for Flowing Well	
Measured shut in head:feet.		
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
Meter	Installation	
Meter Manufacturer:	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 <i>one</i>): 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.		
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer	
	Form: OLWR-SWR-2A (4/13)	