

State Well Report

Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

County: BENTON
 Permit #: _____
 Driller: Wilson Well Co. 565
 Date drilling completed: 8-20-19

For Office Use Only:
 Aquifer: _____
 Well #: B51
 L. S. Elevation: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jody GORDMAN</u> Mailing Address: <u>125 JOY ROAD</u> <u>ASHLAND MS 38603</u> City State Zip Code Telephone No. <u>(662) 471-0476</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34.946874</u> Longitude: <u>89.145277</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> 1/4 <u>SE</u> 1/4 Sec <u>36</u> Twn <u>15</u> Rng <u>R1E</u> Distance <u>8</u> Miles Direction <u>SE</u> of Nearest Town <u>ASHLAND CITY</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>8-20-19</u> Date drilling completed: <u>8-20-19</u> Hole depth: <u>120</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>PUBLIC SUPPLY</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>70</u> feet above (or below) (circle one) land surface Date measured: <u>8-29-19</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>PVC PIPE</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>110</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC 160/26</u> Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC .013</u> Screen slot size: <u>.013</u> inches Setting depth: From <u>110</u> feet to <u>120</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

lat long from address

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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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer:
Well #: B51
Elevation:

County: Benton
Permit #:
Driller: Wilson Well Co 565
Date completed: 8-23-19
Copy information from block on Part 1

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: Owner Name: JUDY GODDARD, Mailing Address: 125 JOY ROAD, ASHLAND MS 38603, Telephone No. (662) 421-0476
Well Location: Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, Distance: 8 Miles, Direction: SE of Ashland City

Pump Type: Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well, Other (specify):
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Date Pump Installed: 8-23-19, Rated Pump Capacity: 8-10 Gallons Per Minute, Horse Power Rating of Motor: 3/4, Setting Depth: 105 feet, Number of Stages: 8

Pump Test Data: Date Well Tested: 8-23-19, Static Water Level (A): 70 Feet Below Land Surface, Pumping Water Level (B): 105 Feet Below Land Surface, Drawdown [(B) - (A)]: 35 Feet Below Land Surface, Test Pumping Rate: 8-10 Gallons Per Minute, Duration of Pump Test (minimum 4 hours): hours
Method of Measuring Water Level: Circle one, Air Line, Electric Measuring Line, Steel Tape, Other (specify): PVC PIPE, For flowing well, measured shut in head: feet, Well yielded GPM with a drawdown of feet after hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Rodney D. Wilson 0418
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer