

515

County: BENTON
 Permit #: 565
 Driller: Wilson Well Co.
 Date drilling completed: 7-6-21

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 38225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: B 53
 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>MARK PUGH</u> Mailing Address: <u>616 STEWARD ROAD</u> <u>MICHIGAN CITY</u> <u>MISSISSIPPI</u> <u>38647</u> City State Zip Code Telephone No. <u>(601) 484-5751</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 57' 00"</u> Longitude: <u>89° 10' 35.5"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 34 Twn 15 Rng 1E</u> Distance Direction Nearest Town <u>2 1/2</u> Miles <u>E</u> of <u>LAMAR</u></p>
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Well / Borehole Data

Date drilling started: 7-6-21 Date drilling completed: 7-6-21 Hole depth: 100' Hole diameter: 4"

Location of the source of any surface water used for drilling: PUBLIC SUPPLY
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM DIRECT

Logs run (circle 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 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 one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 7-7-21
 Method of Measurement (circle one) steel tape electric tape air line other: PVC PIPE

Well depth: 100 Well grouted to a depth of 14 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC-PLASTIC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC-PLASTIC
 Screen slot size: .013 inches Setting depth: From 90 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of log pipe or reduction in casing: NA feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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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)

County: BENTON
 Permit #: 565
 Driller: Wilson Well Co.
 Date completed: 7-6-21
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: B 53
 Elevation: _____

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>MARK PUGH</u>	Latitude: <u>34 57 00</u> Longitude: <u>89 10 35.5</u>
Mailing Address: <u>616 STEWARD ROAD</u> <u>MICHIGAN CITY</u> <u>MISSISSIPPI 38647</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>SE 1/4 SE 1/4 Sec 34 T 15 R 1E</u>
Telephone No. <u>(601) 484-5751</u>	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>E</u> of <u>LAMAR</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-7-21</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-7-21</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): <u>PVC PLASTIC PIPE</u>
Pumping Water Level (B): <u>85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rodney Wilson 0418
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

RECEIVED Form: OLWR-SWR-1B (04/08)

AUG 03 2021
 BY OLWR

