

462

County: BENTON
 Permit #: 565
 Driller: Wilson Well Co.
 Date drilling completed: 7-5-21

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

For Office Use Only:
 Aquifer: _____
 Well #: E 108
 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.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>JEFF AND SHERYL CAMPBELL</u> Mailing Address: <u>9895 NWY TR</u> <u>MICHIGAN CITY</u> <u>MISSISSIPPI</u> <u>38647</u> City State Zip Code Telephone No. <u>(601) 258-8020</u>	Well or Borehole Location Latitude: <u>34° 56' 42.0"</u> Longitude: <u>89° 14' 0.3"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 6 Twn 25 Rng 1E</u> Distance Direction Nearest Town <u>2 Miles E of LAMAR</u>
---	---

Well / Borehole Data

Date drilling started: 7-5-21 Date drilling completed: 7-5-21 Hole depth: 80' 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: 10 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: 80 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 70 feet Casing diameter: 6 inches Type of casing: PVC-PLASTIC
 Screen length: 10 feet Screen diameter: 6 inches Type of screen: PVC-PLASTIC
 Screen slot size: .013 inches Setting depth: From 70 feet to 80 feet

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

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

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

RECEIVED
AUG 03 2021
BY OLWR

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 #: E 108

Elevation: _____

County: BENTON
 Permit #: 565
 Driller: Wilson Well Co.
 Date completed: 7-5-21
 Copy information from black 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	Well Location
Owner Name: <u>JEFF AND SHEALI CAMPBELL</u>	Latitude: <u>34 56 42.6</u> Longitude: <u>89 14 0.3</u>
Mailing Address: <u>9895 HWY 72</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>NE 1/4 NE 1/4 Sec 6 T 25 R 1E</u>
Telephone No. <u>(901) 258-8620</u>	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>LAMAR</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>7-7-21</u>	Setting Depth: <u>45</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 Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>PVC PIPE</u>
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</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.

Radha Wilson G-418
 Print Name of Pump Installer and License No. (if applicable)

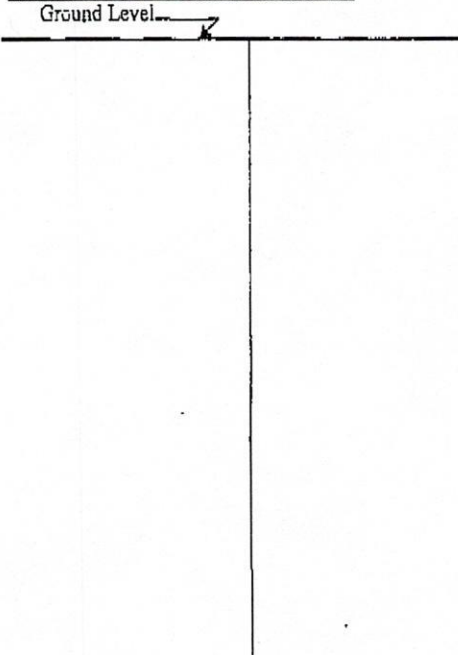
[Signature]
 Signature of Pump Installer

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

RECEIVED
AUG 03 2021
BY OLWR

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 (depth)	To (depth)
CLAY	Ground Level	15
SAND	15	20
COARSE SAND	20	40
COARSE SAND	40	80

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) a north arrow.

Landowner Name: JEFF AND SHERLI CAMPBELL

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

I 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

Residing Wilson 0-419 7-30-21
Print Name of Responsible Licensee and License No. Date

[Signature]
Signature of Licensee

RECEIVED
AUG 03 2021
BY OLWR