

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)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: J 26
 Aquifer: _____
 E-Log #: _____

County: Clarke
 Permit #: _____
 Driller: McDonald & Hill
 Date drilling completed: 11-19-13

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: <u>Rodney Bortwell</u>	Latitude: <u>32-07-04</u> Longitude: <u>88-30-51</u>
Mailing Address: <u>2148 CR 423</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Quitman</u> <u>MS</u> <u>39355</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4</u> , Sec <u>212</u> T <u>3N</u> R <u>17E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11/11/13 Date drilling completed: 11/19/13 Hole depth: 400 Hole diameter: 7

Location of the source of any surface water used for drilling: Community

Method of dosing and volume of Chlorine used in drilling and development: 116 per 1,000 gallons

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 150 feet (above or below land surface) Date measured: 11/19/13
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 400 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 295 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 30 feet Screen diameter: 2 inches Type of screen: pvc sanded

Screen slot size: .500 inches Setting depth: From 370 feet to 40 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 270 feet

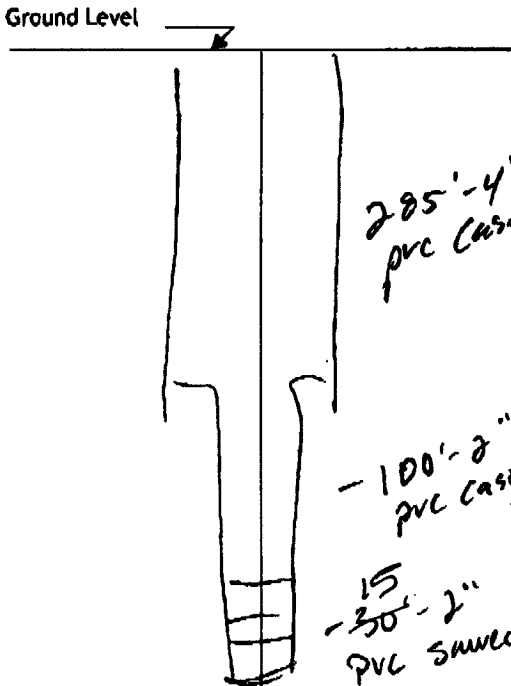
If telescoped or more than one screen, describe on next page

County: Clarke
 Permit #: _____

For Office Use Only:
 Well #: T26

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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	10
Coarse Sand	10	27
shale	27	50
Sandy shale	50	90
shale	90	110
sand	110	125
shale	125	105
Rock	105	167
sandy shale	167	210
sand	210	250
Sandy shale	250	283
Rock	283	288
sand	288	310
Sandy shale	310	360
sand	360	370
shale	370	380
sand	380	400

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.

McDonald & Hill 08 4/27/14 [Signature]
 Print Name of Responsible Licensee and License No. Date 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)961-5210
 (601) 360-0535 (fax)

County: Clarke
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: 11-18-13
 Copy information from block on Part 1

For Office Use Only:

Well #: T26
 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: <u>Rodney Boutwell</u>			Latitude: <u>32-07-04</u>	Longitude: <u>88-30-51</u>	
Mailing Address: <u>2149 CP 423</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Quitman</u>	<u>MS</u>	<u>39355</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	<u>NE 1/4 SW 1/4, Sec 2 T 34 N R 17 E</u>		
Telephone No. (____) _____			<u>12</u> Miles _____ of _____ (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 11-18-13 Rated Pump Capacity: 5 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1/2 Setting Depth: 200 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 11-18-13 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 150 Feet Below Land Surface Pumping Water Level (B): 180 Feet Below Land Surface
 Drawdown [(B) - (A)]: 30 Feet Below Land Surface Test Pumping Rate: 5 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded 15 GPM with a drawdown of 30 feet after 4 hours 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 (circle 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 on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
McDonald & Hill 0-8 6/27/14 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer