

#1

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)

County: Clarke
 Permit #: 5496
 Driller: FARL MOSELEY
 Date drilling completed: 1-5-17

For Office Use Only:
 Aquifer: _____
 Well #: L62
 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)	Well or Borehole Location
Owner Name: <u>JOHNATH CLANFORD</u>	Latitude: <u>32° 01' 31"</u> Longitude: <u>88° 49' 22"</u>
Mailing Address: <u>843 Co. 127</u>	<u>32-01-23</u> <u>88-49-14</u>
<u>Quitman Ms 39355</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 507-3036</u>	<u>SE 1/4 SW 1/4 Sec 12 Twn 2N Rng 14E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>8</u> Miles <u>west</u> of <u>QUITMAN</u>

Well / Borehole Data

Date drilling started: 1-5-17 Date drilling completed: 1-5-17 Hole depth: 161 Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DRAGON RD.

Method of dosing and volume of Chlorine used in drilling and development: 4 OZ HTH PER 1000 GALL

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) Chicken House

Static Water Level: 39' feet above or below (circle one) land surface Date measured: 1-6-17

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 161 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 141 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 141 feet to 161 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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

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

MAR 01 2017

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 #: L62
 Elevation: _____

County: Clarks
 Permit #: 5496
 Driller: EARL MOSLEY
 Date completed: 1-5-17
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	Well Location
Owner Name: <u>JOHNATH CLAWSON</u>	Latitude: <u>32.01-391</u> Longitude: <u>88.49 229</u>
Mailing Address: <u>843 Co. 127</u>	<u>32-01-23</u> <u>88-49-14</u>
<u>RUITMAN MS 39355</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(601) 507-3036</u>	<u>SE 1/4 SW 1/4 Sec 12 T2N R14E</u>
	Distance Direction Nearest Town
	<u>8 Miles WEST of RUITMAN</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3HP</u>
Date Pump Installed: <u>1-12-17</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-12-17</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>39</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	RECEIVED MAR 01 2017
Drawdown [(B) - (A)]: <u>61</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>42</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

EARL MOSLEY 5496 Earl Mosley
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer