

#2

County: CLARK
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: 1-6-17

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 #: L63
 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: JOHNATH CRAWFORD
 Mailing Address: 843 CO. 127
QUITMAN MS 39355
 City State Zip Code
 Telephone No. (601) 507-3036

Well or Borehole Location

Latitude: 32° 01' 46" Longitude: 88° 49' 23"
32-01-28 88-49-14
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Handheld GPS, Survey-grade GPS
SE 1/4 SW 1/4 Sec 12 Twn 2N Rng 14E
 Distance Direction Nearest Town
8 Miles WEST of QUITMAN

Well / Borehole Data

Date drilling started: 1-6-17 Date drilling completed: 1-7-17 Hole depth: 195 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 COUNTY LAKE DRIVE RD.
 Method of dosing and volume of Chlorine used in drilling and development: 4 OZ HIGH PRC 1000 GAK
 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: 36 feet above or below (circle one) land surface Date measured: 1-7-17
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 195 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 175 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 175 feet to 195 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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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 #: L63

Elevation: _____

County: CLARKE

Permit #: 5496

Driller: EARL MOSELEY

Date completed: _____

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: JOHNATH CRANDALL

Mailing Address: 843 CO. 127

Quitman MS 39367
 City State Zip Code

Telephone No. (601) 507-3036

Well Location

Latitude: 32-01-466 Longitude: 88-49-230

32-01-28 88-49-14

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS , Survey-grade GPS _____

SE 1/4 SW 1/4 Sec 12 T2N R14E

Distance Direction Nearest Town

8 Miles WEST of Quitman

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-12-17

Rated Pump Capacity: 35 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: 3HP

Setting Depth: 100 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 1-12-17

Static Water Level (A): 30' Feet Below Land Surface

Pumping Water Level (B): 100' Feet Below Land Surface

Drawdown [(B) - (A)]: 64' Feet Below Land Surface

Test Pumping Rate: 40 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): RECEIVED

For flowing well, measured shut in head: 2017 feet

Well yielded BY OLWR 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.

EARL MOSELEY 5496
 Print Name of Pump Installer and License No. (if applicable)

 Signature of Pump Installer

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