

#3

County: Clarke
 Permit #: 5496
 Driller: EARL MOSELEY
 Date drilling completed: 1-9-17

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 #: L64
 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 CLAWSON
 Mailing Address: 943 W. 127
Quitman MS 39355
 City State Zip Code
 Telephone No. (601) 507-3036

Well or Borehole Location

Latitude: 32° 01' 43" Longitude: 88° 49' 24"
32-01-26 88-49-14
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held 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: 1-9-17 Date drilling completed: 1-10-17 Hole depth: 168 Hole diameter: 4"
 Location of the source of any surface water used for drilling: 837 SOUTH LAKE DENHAM RD
 Method of dosing and volume of Chlorine used in drilling and development: 1/02 HTH PER 1000 GAL
 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: 50' feet above or below (circle one) land surface Date measured: 1-10-17

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

Well depth: 168 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 168 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 148 feet to 168 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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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 #: L6A
 Elevation: _____

County: CLARK
 Permit #: 5496
 Driller: EARL MOSELEY
 Date completed: 1-9-17
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 CLANFORD</u>	Latitude: <u>32-01-435</u> Longitude: <u>88-49-242</u>
Mailing Address: <u>843 CO. RD 127</u>	<u>32-01-26</u> <u>88-49-14</u>
<u>QUITMAN 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. (601) <u>507-3036</u>	<u>SE 1/4 SW 1/4 Sec 12 T 2N R 14E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>8</u> Miles <u>WEST</u> of <u>Quitman</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 HP</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 Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>50'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>40</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

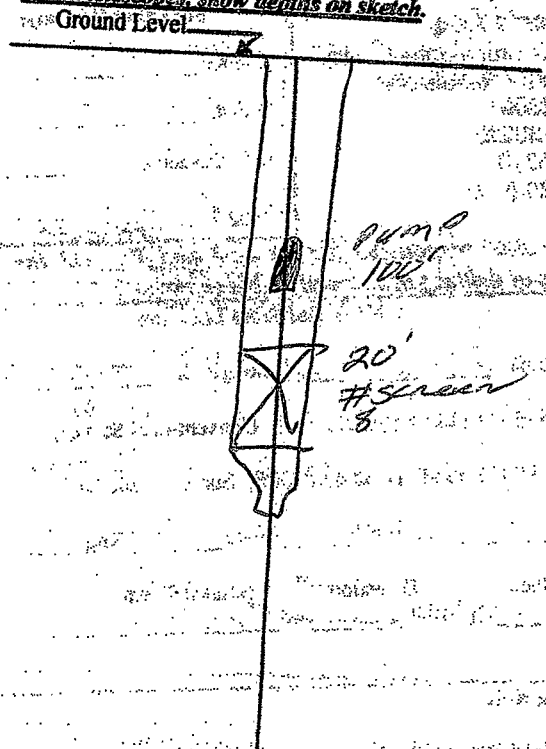
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

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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)
Feio Dirt	Ground Level	13
White sand	13	55
Blue clay	55	75
Gray clay	75	148
Crackiness sand	148	158
Fla sand	158	168

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.

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Landowner Name: _____

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.

EARL MOSELEY 5496
Print Name of Responsible Licensee and License No.

Earl Moseley
Signature of Licensee

Date

Google Earth

L64

↑
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QUITMAN

Six Chickens
House



HWY
510

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10/10/10

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