

County: CLARK
 Permit #: 5496
 Driller: EARL ROSELEY
 Date drilling completed: 1-16-17

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 #: M89
 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>MIKE KEMMAY</u>	Latitude: <u>32° 02' 62"</u> Longitude: <u>88° 47' 08.9"</u>
Mailing Address: <u>276 Kemmay Lane</u>	<u>32-02-37</u> <u>88-47-05</u>
<u>Quitman MS 39355</u>	Method of Lat/Long (circle one): Conventional Survey
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 980-0427</u>	<u>NE 1/4 SW 1/4 Sec 5</u> Twn <u>2N</u> Rng <u>15E</u>
	Distance Direction Nearest Town
	<u>6</u> Miles <u>West</u> of <u>Quitman</u>

Well / Borehole Data

Date drilling started: 1-16-17 Date drilling completed: 1-17-17 Hole depth: 312' Hole diameter: 4"

Location of the source of any surface water used for drilling: 837 COUNTY LAKE DRINKING R.O.

Method of dosing and volume of Chlorine used in drilling and development: 4 OZ 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: X

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

Static Water Level: OVER FLOW feet above or below (circle one) land surface Date measured: 1-17-17

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

Well depth: 312 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 282' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: #8 inches Setting depth: From 282 feet to 312 feet

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

Other (describe): _____

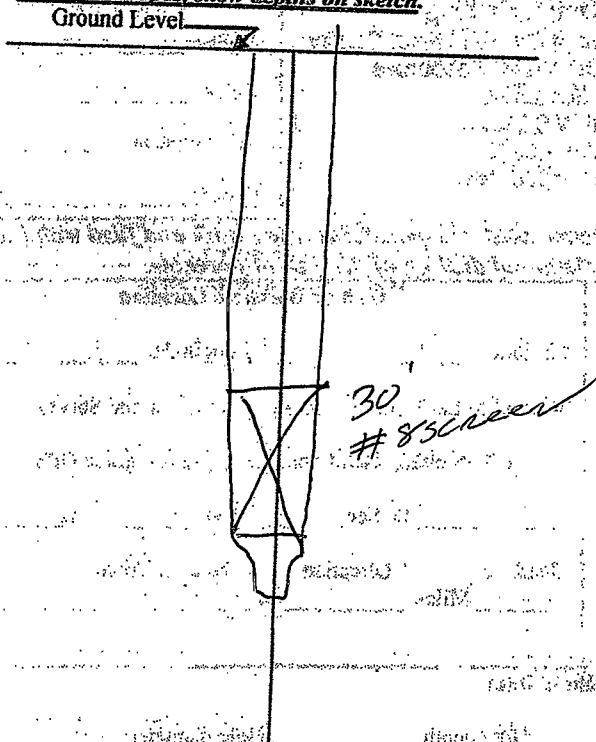
Top of lap pipe or reduction in casing: _____ feet *If telescoped or more than one screen, describe on next page*

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 DEPT. OF ENVIRONMENTAL QUALITY

M89

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)
TOP SOIL	Ground Level	1
RED SAND	1	3
WHITE SAND	3	40
GRAY CLAY	40	90
SANDY CLAY	90	125
CLAY	125	144
SAND	144	148
CLAY	148	160
F SAND & SHELL	160	180
M/G SAND	180	190
F SAND	190	195
M/G SAND	195	210
F/SHARPE SAND	210	245
M/G SAND	245	255
COARSE SAND	255	260
FINE SAND	260	270
FINE SHARPE SAND	270	290
MED SAND	290	312

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:

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 MOSLEY 5496

Earl Mosley

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

For Office Use Only:

Aquifer: _____
 Well #: M89
 Elevation: _____

County: _____

Permit #: 5496

Driller: EARL MOSLEY

Date completed: 1-16-17

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

Owner Name: Mike Kennedy

Mailing Address: 276 Kennedy Lane

Quitman MS 39355
 City State Zip Code

Telephone No. (601) 480-0427

Well Location

Latitude: 32-02-628 Longitude: 88-47-089
32-02-37 88-47-05

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

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

NE 1/4 SW 1/4 Sec 5 T 2N R 15E

Distance Direction Nearest Town

6 Miles West of Quitman

Pump Type
Circle one

Air Lift Jet ~~Submersible~~
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): 0

Date Pump Installed: 0

Rated Pump Capacity: 0 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: 0

Setting Depth: 0 feet

Number of Stages: 0

Pump Test Data

Date Well Tested: 1-17-17

Static Water Level (A): _____ Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

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

Test Pumping Rate: _____ 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

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For flowing well, measured shut in head: _____ feet

Well yielded 40 GPM with a drawdown of

_____ feet after _____ hours of pumping

No Pump

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

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

Earl Mosley
 Signature of Pump Installer

Google Earth 304



over flow

WEST



QUITMAN

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