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 BY OLWR

County: Clay
 Permit #: _____
 Driller: Clardy Dool
 Date drilling completed: 6/14/17

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 #: J164
 L. S. Elevation: 291
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Johnny McAnnis</u>	Latitude: <u>N 33° 31' 29"</u> Longitude: <u>W 88° 30' 18"</u>
Mailing Address: <u>P.O. Box 384</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>Madison, MS 39750</u>	USGS quad: <u>1R 1/4 1R 1/4 Sec 6 Twn 17S Rng 8E</u>
City State Zip Code	Distance <u>6 1/2</u> Miles <u>East</u> of <u>W. Point</u>
Telephone No. <u>662 769-4682</u>	

Well / Borehole Data

Date drilling started: 6/14/17 Date drilling completed: 6/14/17 Hole depth: 132 Hole diameter: 4

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 2 1/2 # granular

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) _____

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 6/20/17

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

Well depth: 132 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 013 inches Setting depth: From 92 feet to 132 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: 5 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)

County: Clay
Permit #:
Driller: Clardy
Date completed: 6/20/17
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: 5164
Elevation:

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: Tommy Mc Harris
Mailing Address: P.O. Box 384
Modern, MS 39150
Telephone No. 662 769-4682
Well Location
Latitude: 33° 37.89' N Longitude: 88° 30.18' W
Method of Lat/Long (check one): Conventional Survey
USGS quad Hand-held GPS Survey-grade GPS
1R 1/4 IR 1/4 Sec 6 T 17S R 8E
Distance Direction Nearest Town
6 1/2 Miles East of U.S. Point

Pump Type
Air Lift Jet Submersible
Bucket Piston Turbine Electric Motor
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 6/20/17
Rated Pump Capacity: 15 Gallons Per Minute
Power Type
Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify):
Horse Power Rating of Motor: 3/4
Setting Depth: 60 feet
Number of Stages: 10

Pump Test Data
Date Well Tested: 6/20/17
Static Water Level (A): 17 Feet Below Land Surface
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level
Air Line Electric Measuring Line Steel Tape
Other (specify):
For flowing well, measured shut in head:
Well yielded 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.
Donald B. Clardy License No. 4916
Signature of Pump Installer