

STATE WELL REPORT

County: Clay
 Permit #: _____
 Driller: Clardy Drilling
 Date drilling completed: 5/9/18

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: T167
 Aquifer: _____
 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.

<p style="text-align: center;">Well Owner Information <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Robert Wallace</u> Mailing Address: <u>61 Riverchase Dr.</u> <u>W. Point, MS 39173</u> City State Zip Code Telephone No. <u>662-687-0686</u></p>	<p style="text-align: center;">Well or Borehole Location</p> <p>Latitude: <u>33° 38' 20"</u> Longitude: <u>88° 30' 43"</u> <u>33-38-12</u> <u>88-30-26</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ SW $\frac{1}{4}$ SW $\frac{1}{4}$, Sec 31 T 16 S R 8 E <u>1</u> Miles <u>East</u> of <u>W. Point</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 5/7/18 Date drilling completed: 5/9/18 Hole depth: 160 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 (check all applicable): Log run Electric Gamma Ray Density Sonic Neutron Other: None
 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 46 feet above on below land surface Date measured: 6/26/18
 (check one)
 Method of measurement (check one) Steel tape Electric tape Air line Other (describe): _____
 Well depth: 160 Well grouted to a depth of: 20 feet Type of grout (check one) Heat Cement Bentonite Mix
 Casing length: 95 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 140 feet to 160 feet
 Type of completion (check all applicable) gravel packed underreamed Open hole Natural Development
 Other (describe): Telescope
 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 Well
 Date completed: 6/26/18
Copy information from Block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J167
 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	Well Location
Owner Name: <u>Hubert Wallace</u>	Latitude: <u>N 33° 38' 20" W</u>
Mailing Address: <u>61 Riveroak Dr.</u>	Longitude: <u>88° 30' 26"</u>
<u>W. Point, MS 39173</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(601) 687-0686</u>	<u>SW 1/4 SW 1/4 Sec 31 T16S R8E</u>
	Distance Direction Nearest Town
	<u>1</u> Miles <u>East</u> of <u>W. Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>6/26/18</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/26/18</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Donald B. Clardy
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer