

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 39225-2309
(601)961-5555
(601)961-5228 (fax)

For Office Use Only:

Well #: C29
Aquifer: _____
E-Log #: _____

County: Copiah

Permit #: _____

Driller: Greenwaterwell

Date drilling completed: 5-25-18

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Clay Duvall</u>	Latitude: <u>31.9726</u> Longitude: <u>90.4898</u> <u>31-58-21</u> <u>90-29-23</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>4603 Summerfall Rd</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Crystal Springs MS 39059</u>	<input checked="" type="checkbox"/> SW <input checked="" type="checkbox"/> NE <input checked="" type="checkbox"/> SE <input checked="" type="checkbox"/> NW <u>1/4</u> <u>NE</u> <u>1/4</u> , Sec <u>34</u> T. <u>21</u> R. <u>3W</u>
City: _____ State: _____ Zip Code: _____	<u>8</u> Miles <u>W</u> of <u>Crystal Spring</u> (Distance) (Direction) (Nearest Town)
Telephone No. <u>(601) 855-2813</u>	

Well / Borehole Data
Date drilling started: <u>5-25-18</u> Date drilling completed: <u>5-25-18</u> Hole depth: <u>142</u> Hole diameter: <u>7</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: <u>Mud pit & gravel pack</u>
Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

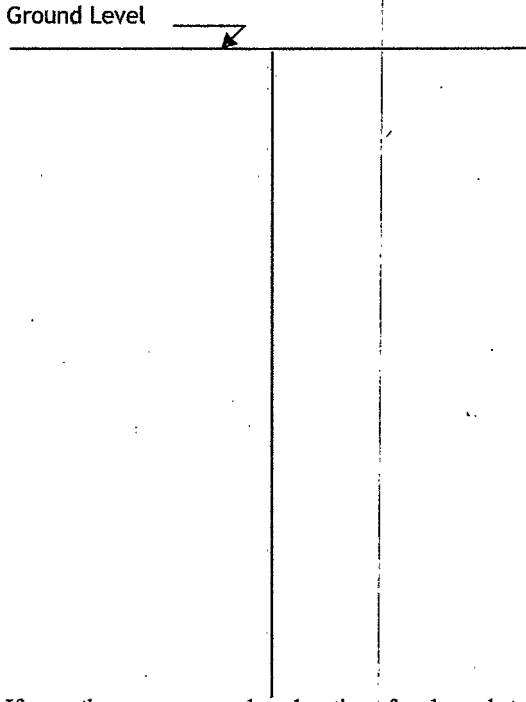
Purpose of Well (check all applicable): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>80</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>5-25-18</u> (check one)
Method of measurement (check one): <input type="checkbox"/> Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>140</u> Well grouted to a depth of: <u>10</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>130</u> feet to <u>140</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

County: Copiah
Permit #: _____

For Office Use Only:
Well #: 629

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)
	Ground level	
<u>White Clay</u>	<u>0</u>	<u>30</u>
<u>Blue Clay</u>	<u>30</u>	<u>90</u>
<u>Sand</u>	<u>90</u>	<u>138</u>
<u>Blue Clay</u>	<u>138</u>	<u>170</u>

If more than one screen, show location of each on sketch

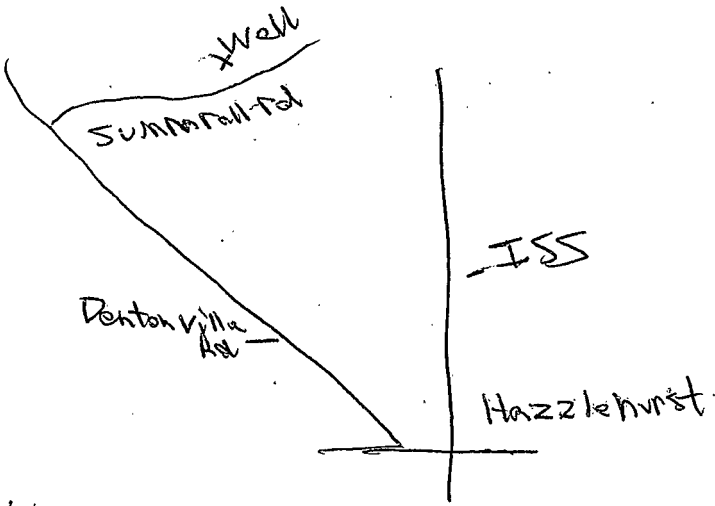
Sketch the property layout and include the following:

- 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) north arrow

1700 13800

PP . Y

1000 1200 1400



Landowner Name: Clay Duval

I HEREBY 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.

Jacobham 8325 5-25-18 Jacob Lor
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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: C 29
 Aquifer: _____

County: Copiah
 Permit #: _____
 Driller: Green Water Well
 Date completed: 5-26-18
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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Clay Duvall</u> Mailing Address: _____ <u>4603 Summerville Rd</u> <u>Crystal Springs MS 39059</u> City State Zip Code Telephone No. <u>601 855-2813</u></p>	<p>31-58-21 Well Location 90-28-23 Latitude: <u>31.9726</u> Longitude: <u>90.4898</u> Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ <u>SE SW 1/4 NE 1/4, Sec 34 T 12N R 3W</u> <u>3</u> Miles <u>W</u> of <u>Crystal Springs</u> (Distance) (Direction) (Nearest Town)</p>
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Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5-26-18 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 1hp Setting Depth: 120 feet Number of Stages: 15

Pump Test Data for Non Flowing Well

Date Well Tested: 5-26-18 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): 87 Feet Below Land Surface

Drawdown [(B) - (A)]: 7 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: RECEIVED

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement

JUN 25 2018
BY OLWR

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Jacob Lea 8325 5/26/18 Jacob Lea
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer