

STATE WELL REPORT

Part I

Driller's Log

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)

County: Covington
 Permit #: _____
 Driller: A-L Drilling Serv. Inc.
 Date drilling completed: _____

523

For Office Use Only:
 Well #: A 55
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Don Hardin</u>	Latitude: <u>31°44'33"N</u> Longitude: <u>89°44'13"W</u>
Mailing Address: <u>129 Sartia Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Mt. Olive</u> <u>Ms</u> <u>39119</u>	<u>SW 1/4 SW 1/4, Sec. 17 T 9N R 17W</u>
City State Zip Code	<u>4 1/2</u> Miles <u>WSW</u> of <u>Mt. Olive</u>
Telephone No. <u>(601) 698-4118</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-26-21 Date drilling completed: 6-1-21 Hole depth: 235' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: NW Covington Water Assn.

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Cattle farm

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

Static Water Level: 107 feet [above or below] land surface Date measured: 6-9-21
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Sonic

Well depth: 196' Well grouted to a depth of: 15 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 176 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Slotted PVC

Screen slot size: .008 inches Setting depth: From 176 feet to 196 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: A 55
 Aquifer: _____

County: Cornwall
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc.
 Date completed: 5-8-21
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>Don Hardin</u>		Latitude: <u>31° 44' 33" N</u>	Longitude: <u>89° 44' 13" W</u>
Mailing Address: <u>129 Sartin Rd</u>		Method of Lat/Long (check one):	Conventional Survey _____
		USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Mt. Olive</u> <u>Ms</u> <u>39119</u>		<u>SW 1/4 SW 1/4</u> Sec <u>17</u> T <u>9N</u> R <u>17W</u>	
City State Zip Code		<u>± 4 1/2</u> Miles <u>WSW</u> of <u>Mt. Olive</u>	
Telephone No. <u>(601) 698-4118</u>		(Distance) (Direction) (Nearest Town)	

Pump Type (check one)

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

Date Pump Installed: 9-3-21 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: 3/4 Setting Depth: 140 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 107 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

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: _____

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

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.

M. V. Rouben 587 9-21-21 Michelle Good

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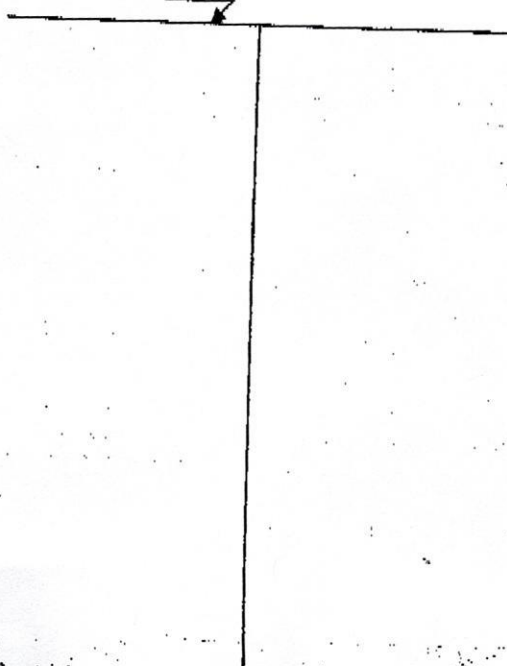
County: _____
 Permit #: _____

For Office Use Only:

Well #: _____

The sketch below only required for water wells
If well telescopes, show depths on sketch.

Ground Level _____



If more than one screen, show location of each 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)
Red sandy clay	Ground level	6
Coarse Sand + Coravel	6	62
Light gray clay	62	85
Dark Gray clay	85	110
Rock	110	110
Sand + Pss Coravel	110	200

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Landowner Name: Don Hardin

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.

Mike Baughman 587
 Print Name of Responsible Licensee and License No.

6-10-21
 Date

Shile Syle
 Signature of Licensee

Form: OLWR-SWR-1A (4/13)