

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)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: G-128
Aquifer: _____
E-Log #: _____

County: DESOUD
Permit #: _____
Driller: Bob Smith
Date drilling completed: 6-2-16

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>TIMMY KELLY</u>	Latitude: <u>34°55'19.81"N</u> Longitude: <u>89°52'38.08"W</u>
Mailing Address: <u>6330 COLLEGEN</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>HERNANDO MS 38632</u>	<u>NE 1/4 SW 1/4, Sec K-7 T-25 R-6W</u>
City State Zip Code	<u>1</u> Miles <u>NE</u> of <u>PLEASANT HILL</u>
Telephone No. <u>(901) 603-3919</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-2-16 Date drilling completed: 6-2-16 Hole depth: 180 Hole diameter: 8"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: 5 ppm

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): _____

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

Static Water Level: 100 feet [above or below land surface] (circle one) Date measured: 6-20-16

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): LINE + WEIGHT

Well depth: 180 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 # HOUS. inches Setting depth: From 170 feet to 180 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

Received

Form: OLWR-SWR-2014 (2/13)

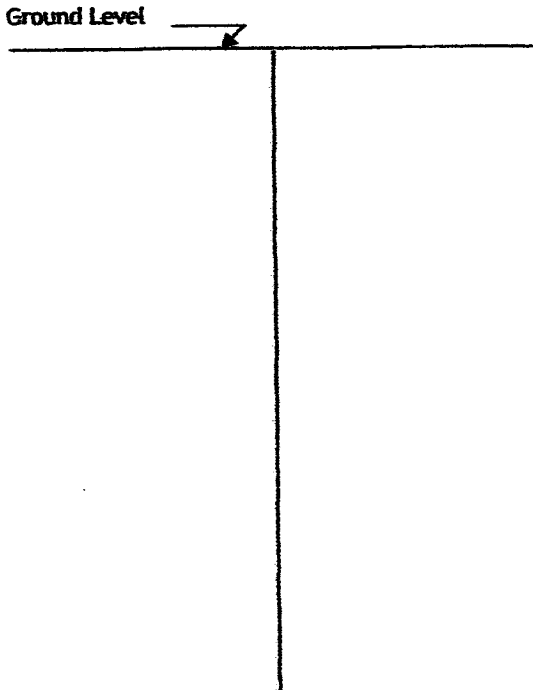
By OLWR

County: _____
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.



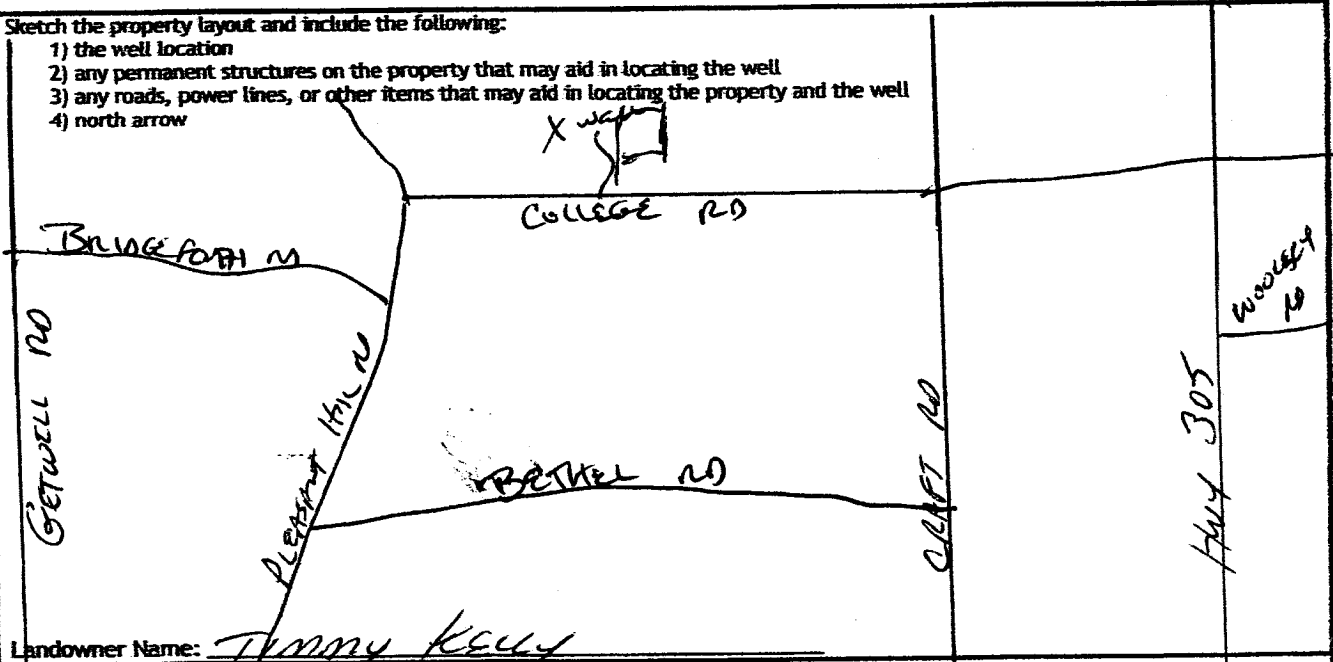
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLM	5	15
GRAVEL	15	30
WHITE CLM	30	70
GRAY CLM	70	80
WHITE CLM + SAND	80	140
FINE WHITE SAND	140	165
MED WHITE SAND	165	180

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



Landowner Name: Timmy Kelly

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.

Bob Smith 0645 7-13-16
 Print Name of Responsible Licensee and License No. Date

Bob Smith **Received**
 Signature of Licensee

Form: OLWR-SWR-1B (6/03)16

By OLWR

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)

County: DESOTO
 Permit #: _____
 Driller: Bob Smart
 Date completed: 6-21-16
Copy information from block on Part 1

For Office Use Only:

Well #: _____
 Aquifer: _____

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>Timmy Kelly</u>	Latitude: <u>34°55'19.81"N</u> Longitude: <u>89°52'38.08"W</u>
Mailing Address: <u>6330 Cecelia Ln</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Herman-00</u> MS <u>38632</u>	<u>1/4</u> <u>1/4</u> , Sec <u>K-17</u> T <u>25</u> R <u>6W</u>
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>NE</u> of <u>Plymouth</u>
Telephone No. <u>906</u> <u>603</u> <u>3919</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-21-16 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 3/4 Setting Depth: 120 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 6-21-16 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 120 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 12 Gallons Per Minute

Method of Measurement (circle one): _____

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____

Received

JUL 18 2016

By OLWR