County: DESOTO
Permit #:
Driller: BOB SMITH
Date drilling completed: 8-22-17

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: J167
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
(Landowner if borehole is not for a water well)

Owner Name: WILDLIFE REHABILITATION
Mailing Address: HWY 304
HERNANDO MS 38632
City State Zip Code
Telephone No. (901) 603-3919

Well or Borehole Location

Latitude: 34°49'43.63 Longitude: 90° 6'46.85
Method of Lat/Long (*check one*): Conventional Survey ____, USGS quad ____, Hand-held GPS ____, Survey-grade GPS ____
NW ¼ NW ¼, Sec 13 T 3S R 9W
____ Miles ____ of ____
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 8-22-17 Date drilling completed: 8-22-17 Hole depth: 78 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*)

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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*): WILDLIFE REHABILITATION (instit.)
If a flowing well, method of flow regulation: Valve ____ Other (*describe*)
Static Water Level: 50 feet (above) or (below) land surface (*circle one*) Date measured: 8-22-17
Method of measurement (*circle one*): Steel tape (Electric tape) Air line Other (*describe*):
Well depth: 78 Well grouted to a depth of: 50 feet Type of grout (*circle one*): Neat Cement (Bentonite) Mix
Casing length: 48 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 13 THOUS. inches Setting depth: From 48 feet to 78 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

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

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 SMITH
Date completed: 8-22-17
Copy information from block on Part 1

For Office Use Only:
Well #: J167
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

Owner Name: WILDLIFE REHABILITATION
Mailing Address: Hwy 304
Hernando MS 38632
City State Zip Code
Telephone No. (601) 603 3919

Well Location

Latitude: 34°49'43.63 Longitude: 90° 6'46.85
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
NW ¼ NW ¼, Sec 13 T 3S R 9W
____ Miles ____ of ____
(*Distance*) (*Direction*) (*Nearest Town*)

Pump Type (*circle one*)

(Submersible) Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*):
Date Pump Installed: 8-22-17 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: 60 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 8-22-17 Duration of Pump Test (*minimum 4 hours*): ____ hours
Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): ____ Feet Below Land Surface
Drawdown [(B) - (A)]: ____ Feet Below Land Surface Test Pumping Rate: 15 Gallons Per Minute
Method of measurement (*circle 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 (*circle one*): New Repaired Replacement

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***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.

BOB SMITH 0645 9-4-17
Print Name of Pump Installer and License No. (*if applicable*) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

County: DESOTO

Permit #:

For Office Use Only:

Well #: J167

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

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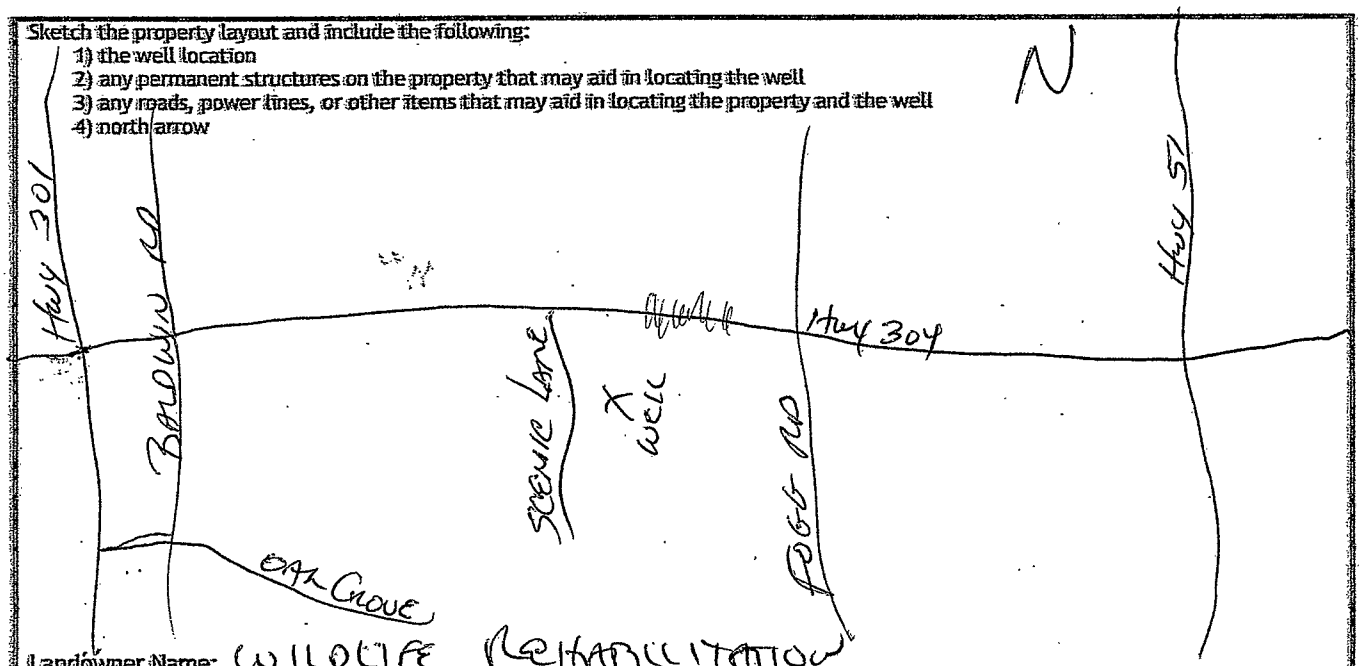
If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	12
WHITE CLAY	12	45
SAND + GRAVEL	45	78

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: WILDLIFE REHABILITATION

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 — Print Name of Responsible Licensee and License No.

9-4-17 — Date

Signature of Licensee

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