

County: DESOUD
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 6-7-17

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 39275-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Well #: L153
 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)	Well or Borehole Location
Owner Name: <u>JAMES McCLAIN</u>	Latitude: <u>34°50'39.75</u> Longitude: <u>89°55'57.37</u>
Mailing Address: <u>BRIGHTS RD</u>	<u>34-50-A0</u> <u>89-55-S7</u>
<u>3181</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Hannam MS. 38632</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 NW 1/4, Sec 10 T 35 R 7W</u>
Telephone No. <u>(901) 870-0807</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-7-17 Date drilling completed: 6-7-17 Hole depth: 225 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: 91 feet (above or below) land surface (circle one) Date measured: 6-7-17

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

Well depth: 225 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 205 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THUS inches Setting depth: From 205 feet to 225 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 2389
 Jackson, MS 39215-2389
 (601) 961-5210
 (601) 360-9535 (fax)

County: DESOTO
 Permit #: _____
 Drafter: BOB SMITH
 Date completed: 6-7-17
 Copy information from block on Part 1

For Office Use Only:

Well #: L153
 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: JAMES MCCLEIN
 Mailing Address: Burgess rd
318
Heanano, ms 38622
 City State Zip Code
 Telephone No: 904 870-0807

Well Location

Latitude: 34° 50' 31.75 Longitude: 89° 55' 57.31
34-50-40 89-55-57
 Method of lat/long (check one): Conventional Survey
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
NW ¼ NW ¼ Sec 10 T 35 R 7W
 _____ Miles _____ of _____
 (Distance) (Direction) (Nearest town)

Pump Type (circle one)

Submersible In-line Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-7-17 Rated Pump Capacity: 22 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: 1 1/2 Setting Depth: 120 feet Number of Stages: 11

Pump Test Data for Non-Flowing Well

Date Well Tested: 6-7-17 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 91 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
 Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: 25 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Airline Other (describe): LINE & WEIGHT

Pump Test Data for Flowing Well

Measured shut-in head: _____ feet
 Well yielded 25 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
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.

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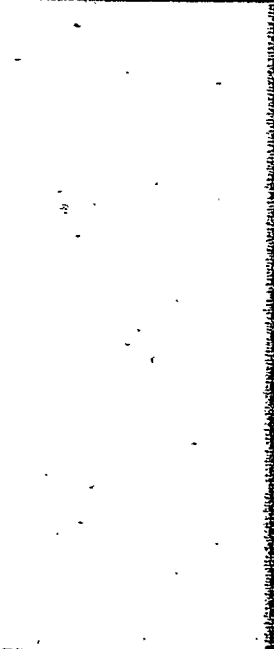
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

BOB SMITH 0645 6-25-17 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

The sketch below only required for water wells

If well telescopes, show depths on sketch.

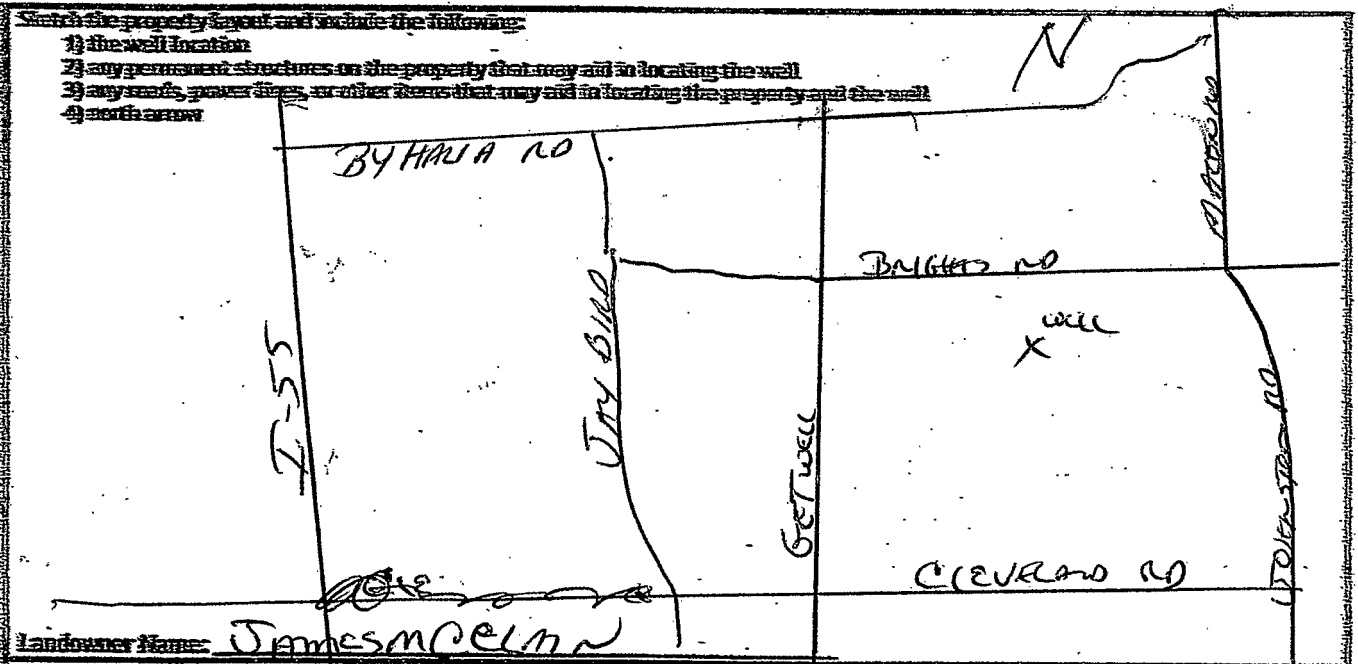
Ground Level _____



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)
TOP SOIL	0	20
YELLOW CLAY	20	36
GRAVEL	36	62
GREY CLAY	62	160
WHITE SAND + CLAY	160	190
WHITE SAND	190	225

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



Landowner Name: James McElm

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 6-25-17 *[Signature]*
 Print Name of Responsible Licensee and License No. Date Signature of Licensee
 Form OLWR-SWR-16 (4/13)

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