

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)

County: DESOTO 033
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 10-27-15

For Office Use Only:

Well #: M3-77
 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>BONNAN KELLAN</u>	Latitude: <u>34°46'56.67"N</u> Longitude: <u>89°48'54.48"W</u>
Mailing Address: <u>9972 FOX GATE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HEMAYOU MS. 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 SE 1/4, Sec 24 T 35 R 6W</u>
Telephone No. <u>901 461-8526</u>	<u>2</u> Miles <u>S</u> of <u>COCKBURN</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 10-27-15 Date drilling completed: 10-27-15 Hole depth: 149 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: 2 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: 82 feet [above or below] land surface Date measured: 10-27-15
(circle one)

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

Well depth: 149 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 139 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 THOUS inches Setting depth: From 139 feet to 149 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

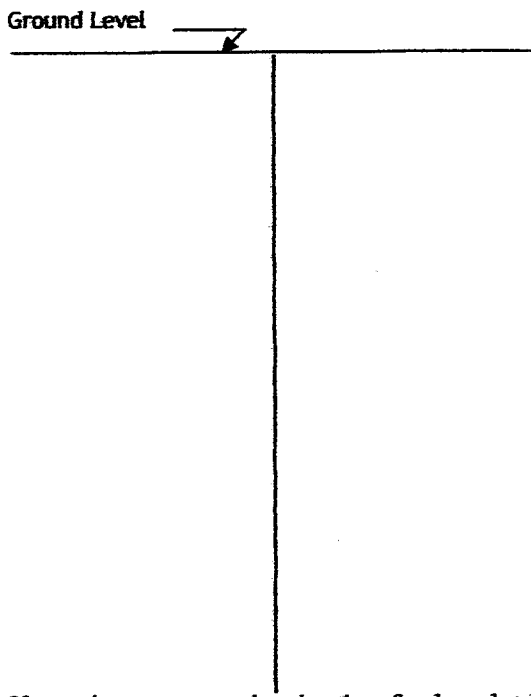
If telescoped or more than one screen, describe on next page

County: _____
Permit #: _____

For Office Use Only:
Well #: 11377

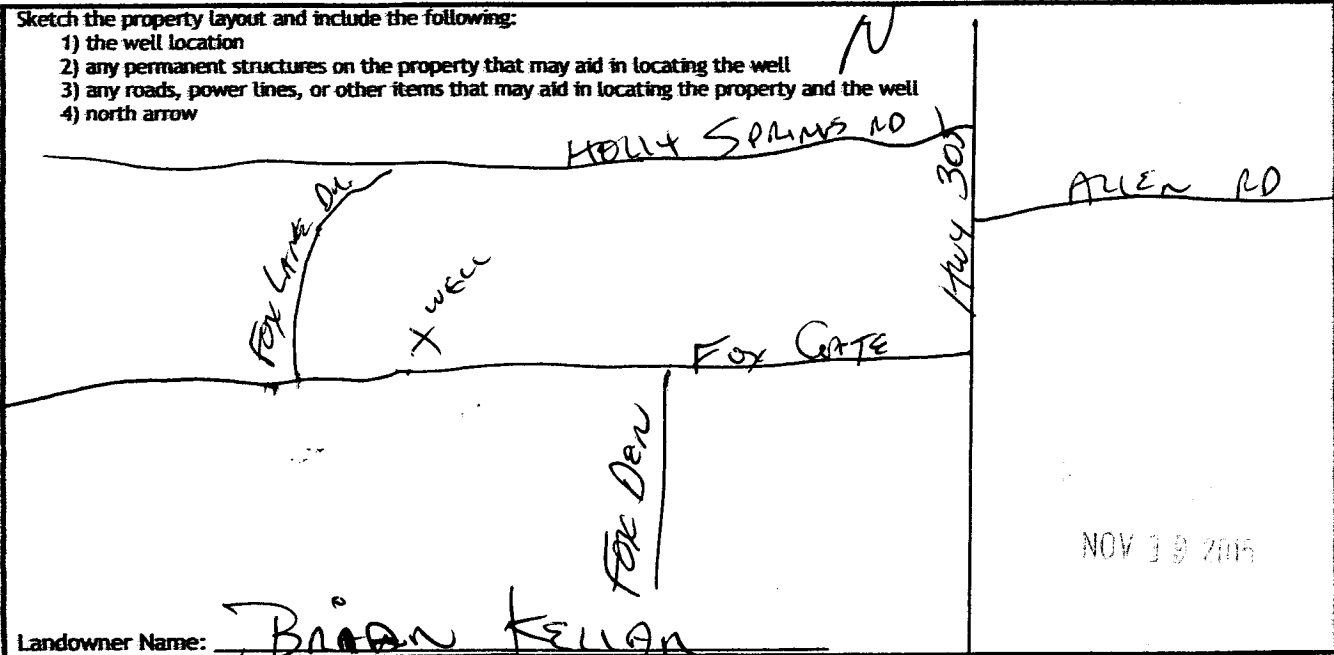
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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 CLAY	5	20
RED SILT + GRAVEL	20	30
WHITE CLAY	30	105
WHITE SAND	105	148

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



Landowner Name: Brian Kellan

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.

Ber Smith 0-645 11-17-15 
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 #: M 377
 Aquifer: _____

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 10-27-15
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>BRIAN KELLAN</u>	Latitude: <u>34°46'56.67" N</u> Longitude: <u>89°48'54.48" W</u>
Mailing Address: <u>9972 FOX GATE</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: <u>FLORISSANT MS</u> State: <u>MS</u> Zip Code: <u>38632</u>	_____ 1/4 _____ 1/4, Sec. <u>P 34</u> T. <u>35</u> R. <u>6W</u>
Telephone No. <u>901 461-8526</u>	<u>2</u> Miles <u>S</u> of <u>COCKRUM</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-27-15 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: 100 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 10-27-15 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 82 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): Steel tape Electric tape Air line Other (describe): LINE + WEIGHT

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 12 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.

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

BOB SMITH 0645 11-17-15 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer