

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 #: 11395
Aquifer: _____
E-Log #: _____

County: DESOTO
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 5-7-16

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>TIMMY KELLY</u>	Latitude: <u>34°49'0.35"N</u> Longitude: <u>89°60'34.41"W</u>
Mailing Address: <u>8274 STEVEN HENRY</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HERNANDO MS. 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>5E 1/4 NW 1/4, Sec 28 T 3 S R 6 W</u>
Telephone No. <u>906 603-3919</u>	<u>2</u> Miles <u>W</u> of <u>COCKS M</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>5-7-16</u>	Date drilling completed: <u>5-7-16</u> Hole depth: <u>100</u> Hole diameter: <u>8"</u>
Location of the source of any surface water used for drilling: _____	
Method of dosing and volume of Chlorine used in drilling and development: <u>2 ppm</u>	
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): <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump	
Seismic Survey Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (circle all applicable): <u>Home</u> Industrial Public Supply Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet [above or <u>below</u> land surface Date measured: <u>5-7-16</u>	
(circle one)	
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): <u>LINE + WEIGHT</u>	
Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>90</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>13 TITANS</u> inches Setting depth: From <u>90</u> feet to <u>110</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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: MAWR-SWR-106 (1/13)

By OLWR

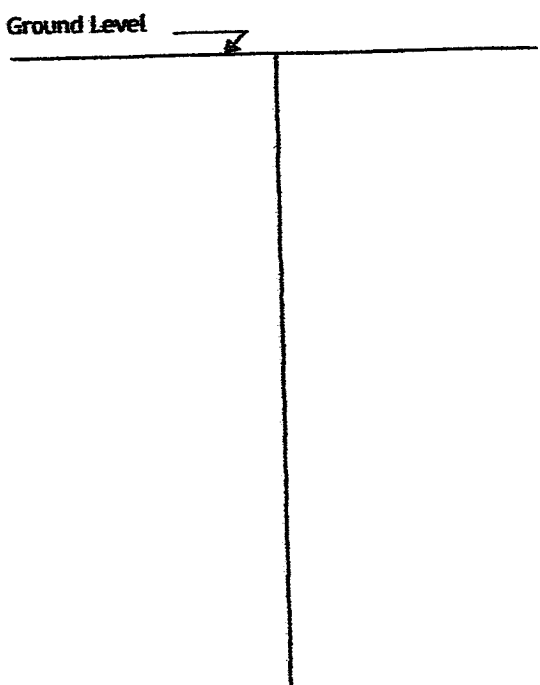
County: DESOTO
 Permit #: _____

For Office Use Only:
 Well #: M395

The sketch below only required for water wells

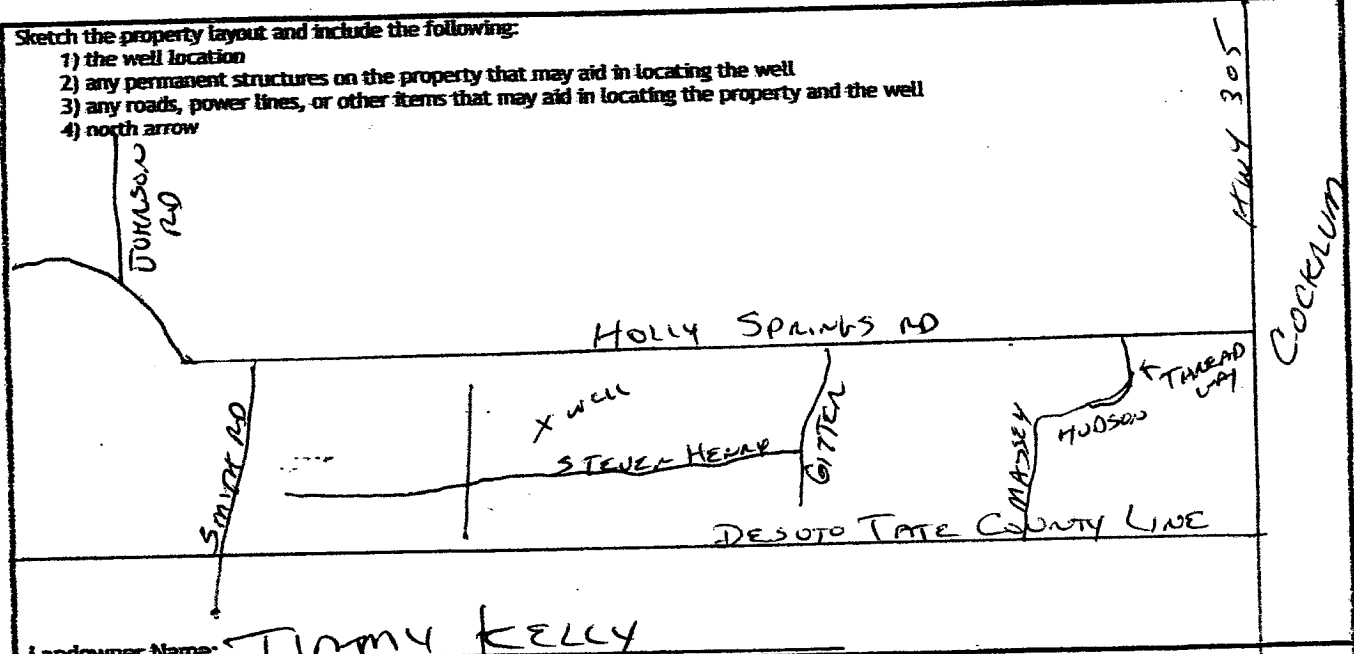
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	12
RED CLAY + GRAVEL	12	30
WHITE CLAY	30	85
WHITE SAND CLAY	85	95
WHITE SAND	95	110

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



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 5-25-16 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Received
 MAY 31 2016

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

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: DESOUD
 Permit #: _____
 Driller: Bob Smith
 Date completed: 5-7-16
Copy information from block on Part 1

For Office Use Only:

Well #: M395
 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°49'0.35"N</u> Longitude: <u>80°6'34.41"W</u>
Mailing Address: <u>8274 STEVENS HENRY</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HEMOMO MS 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>34</u> _____ <u>34</u> , Sec. <u>P: 28 T: 35 R: 6W</u>
Telephone No. <u>(901) 603-3919</u>	<u>2</u> Miles <u>W</u> of <u>COCKERM</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-7-16 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: 40 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 5-7-16 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 20 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): LINE + WEIGHT

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 15 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 5-25-16 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

MAY 31 2016

By OLWR