

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 #: M431
Aquifer: _____
E-log #: _____

County: DESOTO
Permit #: _____
Driller: Bob Smith
Date drilling completed: 12-12-17

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>PENTAK CONSTRUCTION</u>	Latitude: <u>34°49'12.89</u> Longitude: <u>89°49'20.51</u>
Mailing Address: <u>9475 Hwy Suckee</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Lot #18</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>HERNANDO MS 38632</u>	<u>SE 1/4 SW 1/4 Sec 15 T 35 R 6W</u>
City _____ State _____ Zip Code _____	Miles _____ of _____
Telephone No. <u>(901) 517-2044</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>12/12/17</u>	Date drilling completed: <u>12-12-17</u> Hole depth: <u>126</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>5 PPM</u>	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump	
Seismic Survey <input type="checkbox"/> 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): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>30</u> feet (above or <input checked="" type="radio"/> below) land surface (circle one)	Date measured: <u>12/2/17</u>
Method of measurement (circle one): Steel tape <input type="checkbox"/> <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>126</u> feet	Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>106</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 TROUS</u> inches	Setting depth: From <u>106</u> feet to <u>126</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet	
<i>If telescoped or more than one screen, describe on next page</i>	

STATE WELL REPORT

Part 2

County: DESOUD
 Permit #: _____
 Driller: Bob Smith
 Date completed: 12-12-17
Copy information from block on sheet 1

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2389
 Jackson, MS 39275-2389
 (601) 951-5210
 (601) 358-0535 (fax)

For Office Use Only:
 Well #: M431
 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 this part filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>PENTON CONSTRUCTION</u>	Latitude: <u>34°49'12.89</u> Longitude: <u>89°49'20.51</u>
Mailing Address: <u>9475 HOWEY SICKLE</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>WVA# Lot # 18</u>	USGS quad <u>SE ¼ SW ¼ Sec 15 T 3S R 6W</u>
<u>Heimann MS 38632</u>	_____ miles _____ of _____
City _____ State _____ Zip Code _____	(Distance) (Direction) (Nearest Town)
Telephone No. <u>601 517-2044</u>	

Pump Type (circle one)

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

Date Pump Installed: 12-12-17 Rated Pump Capacity: 22 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Motor Power Rating of Motor: 1 1/2 HP Starting Depth: 60 feet Number of Stages: 11

Pump Test Data for Non-Flowing Well

Date Well Tested: 12-12-17 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 30 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 28 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured static head: _____ feet

Well yielded 28 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 (1/4" 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 meet or exceed standards. For agricultural wells, a list of approved meters is on the DEQ website.

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

Bob Smith 0645 1-17-18 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

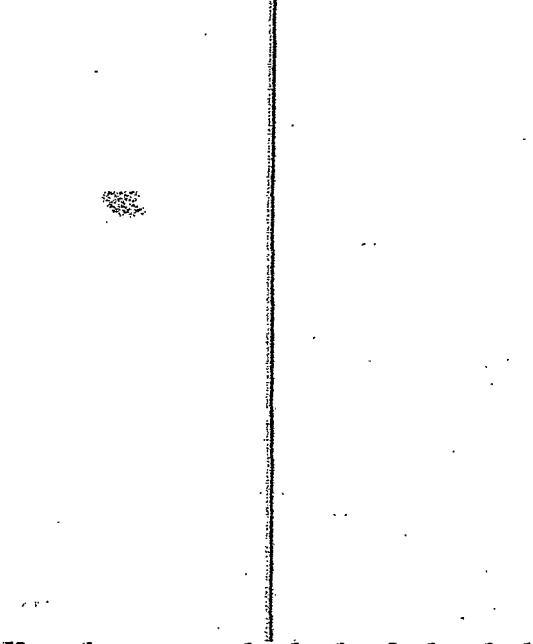
County: DESOTO
 Permit #: _____

For Office Use Only:
 Well #: M431

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

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground level	8
BROWN CLAY	8	13
GRAVEL	13	18
GRAY CLAY	18	80
WHITE CLAY SAND	80	110
WHITE SAND	100	136

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

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Landowner Name: PENTAIL CONSTRUCTION 190 PARKS RD

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 1-19-18 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee