

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)961-5218
(601)360-9535 (fax)

For Office Use Only:

Well #: M 433
Aquifer: _____
E-Log #: _____

County: DESSO
Permit #: _____
Driller: Bob Smith
Date drilling completed: 12-14-17

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>PENTON CONSTRUCTION</u>	Latitude: <u>34°49'15.16</u> Longitude: <u>89°49'42.62</u>
Mailing Address: <u>9124 Honey Suckle Way Lot # 8</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>HERNANDO MS 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 SW 1/4 Sec 15 T 35 R 6W</u>
Telephone No. <u>(901) 517-2044</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 12-14-17 Date drilling completed: 12-14-17 Hole depth: 195 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 page.

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: 15 feet (above or below) land surface (circle one) Date measured: 12-14-17

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

Well depth: 195 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 175 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 TITOUS inches Setting depth: From 175 feet to 195 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

RECEIVED
JAN 23 2018
BY OLWR

STATE WELL REPORT

County: DE SOTO
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2389
Jackson, MS 39225-2389
(601) 951-5210
(601) 359-8565 (fax)

For Office Use Only:
Well: M433
Aquifer:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of this report must be submitted with this report to the Department of the same within 30 days of well completion.

Well Owner Information
Owner Name: RENTAL CONSTRUCTION
Mailing Address: 9124 Hwy Suckle
WYATT Lot # 81
Hwy 114, MS 38632
City: State: Zip Code:
Telephone No.: 901 517 2044

Well Location
Latitude: 39°49'15.16 Longitude: 89°49'42.62
Method of Lat/Long (check one): Conventional Survey
U.S.G.S. quad: Hand-held GPS Survey-grade GPS
NW 1/4 SW 1/4 Sec 15 T 3S R 10W
Miles or (Distance) (Direction) (Nearest Town)

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 12-14-17 Rated Pump Capacity: 22 Gallons Per Minute
Is This Pump (circle one): New Replaced Replacement

Power Type (circle one)
Electric Wind Gasoline Natural Gas Tractor PTO Windmill Other (describe):
Motor Power Rating of Motor: 1 1/2 Setting Depth: 40 feet Number of Stages:

Pump Test Data for Non-Flowing Well
Date Well Tested: 12-14-17 Duration of Pump Test (minimum 4 hours): hours
Static Water Level (A): 15 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 Electronic Air Line Other (describe):
Pump Test Data for Flowing Well
Measured flow in test:
Well yielded 28 GPM with a drawdown of feet after hours of pumping

Meter Information
Meter Manufacturer: Meter Serial Number:
Meter Model Number/Name: Type of Meter:
Totalizer Register Unit and Multiplier Factor (1/4 x 100, gal x 1000, etc):
Installation Date: Meter installed by:
Is This Meter (circle one): New Replaced Replacement
Signature: By submitting this report you are certifying that this meter was installed in accordance with the requirements of the Department of the Environment and is on the MTRD website.

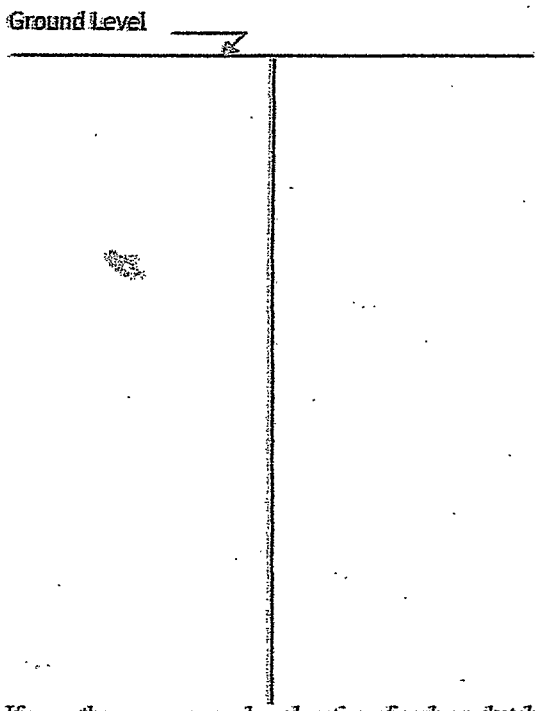
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
BOB SMITH 0645 1-17-18
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
Form OLWR-SWR-2A (1/17)

County: DESOTO
 Permit #: _____

For Office Use Only:
 Well #: M433

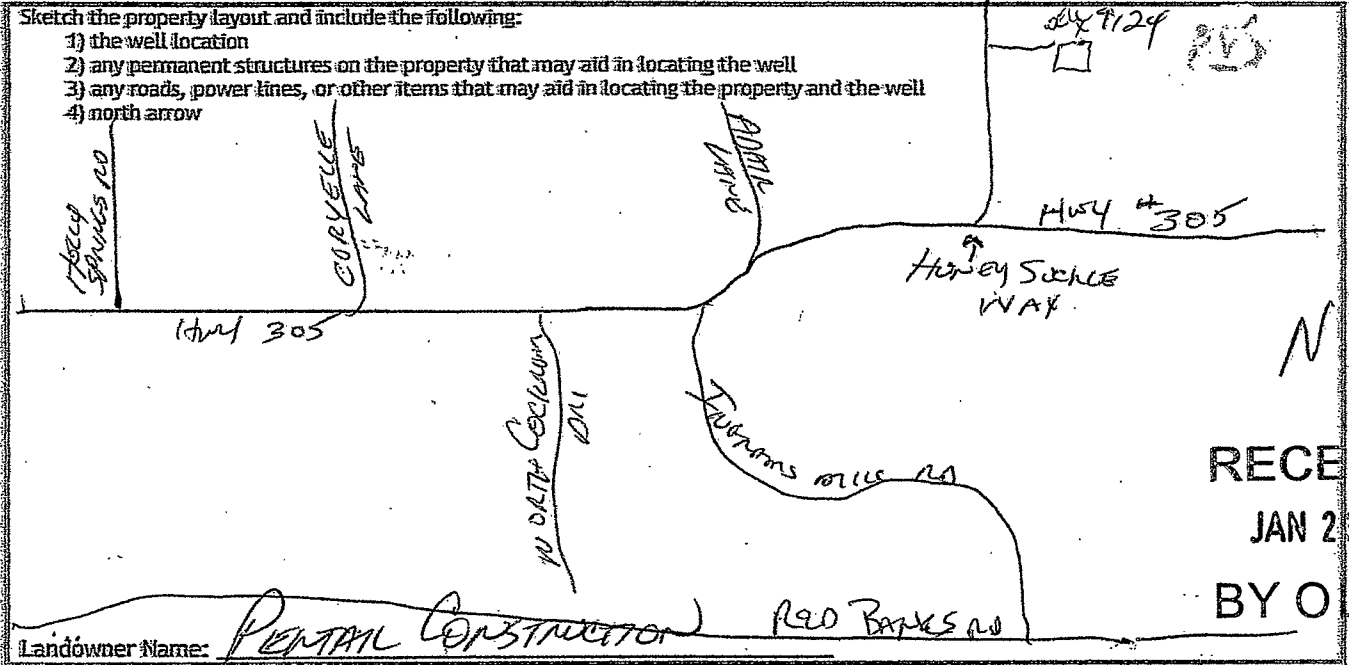
The sketch below only required for water wells
If well telescopes, show depths on sketch

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	50
BROWN CLAY	50	70
Red Sand + Gravel	70	110
White + Gray Clay	110	170
White Clay + Sand	170	195

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



RECEIVED
 JAN 23 2018
 BY OLWR

Landowner Name: PENTAL CONSTRUCTION Red Bank 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