

STATE WELL REPORT

375

County: DESOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 11-14-18

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)368-0535 (fax)

For Office Use Only:
 Well #: M460
 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>BRYAN KELCAN</u>	Latitude: <u>34° 46' 36.39" N</u> Longitude: <u>89° 41' 51.20" W</u>
Mailing Address: <u>8039 STEPHEN HENRY</u>	<u>34-47-55.63</u> <u>81-50-47.68</u>
<u>HERNANDOS MS 38632</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(901) 461-8526</u>	<u>SW 1/4 NW 1/4, Sec 28 T 35 R 6W</u>
	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-14-18 Date drilling completed: 11-14-18 Hole depth: 95 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 RECEIVED

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other JAN 02 2019

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: 15 feet above or below land surface (circle one) Date measured: 11-14-18

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

Well depth: 95 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement _____ Benctonite Mix _____

Casing length: 75 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 THOUS inches Setting depth: From 75 feet to 95 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

STATE WELL REPORT

Part 2

County: DESOUD
 Permit #: _____
 Driller: Bob Smith
 Date completed: 11-14-18
Copy information from block on Part 1

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 #: M460
 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>Brian Kellan</u>	<u>34.47-65.63</u> Well Location <u>89-50-47.65</u>
Mailing Address: <u>8039 STEPHEN HENRY</u>	Latitude: <u>34°46'36.39</u> Longitude: <u>89°41'51.80</u>
<u>Hennardo</u> MS. <u>38632</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 NW 1/4, Sec. 28 T. 3S R. 6W</u>
Telephone No. <u>901</u> <u>461</u> <u>8526</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11-14-18 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: 80 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 11-14-18 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 15 Feet Below Land Surface Pumping Water Level (B): 80 Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 8 Gallons Per Minute

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

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 8 GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: RECEIVED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ IAN 07 2019

Installation Date: _____ Meter installed by: BY OLWR

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.

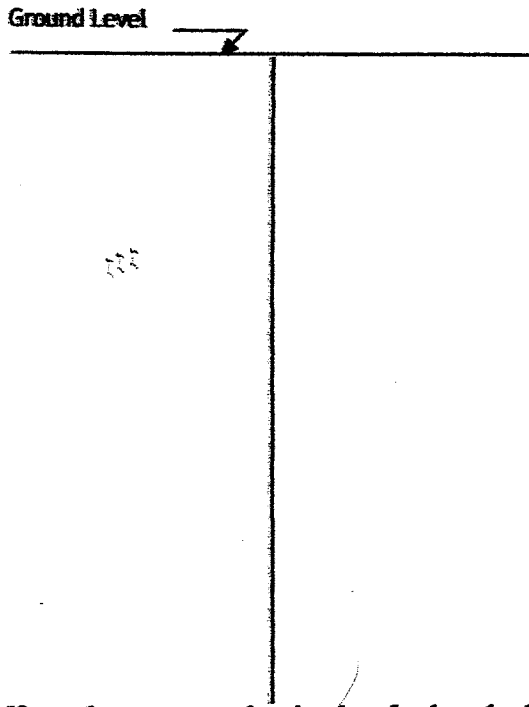
Bob Smith 0645 12-27-18 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: OSOTO
 Permit #: _____

For Office Use Only:
 Well #: M460

The sketch below only required for water wells

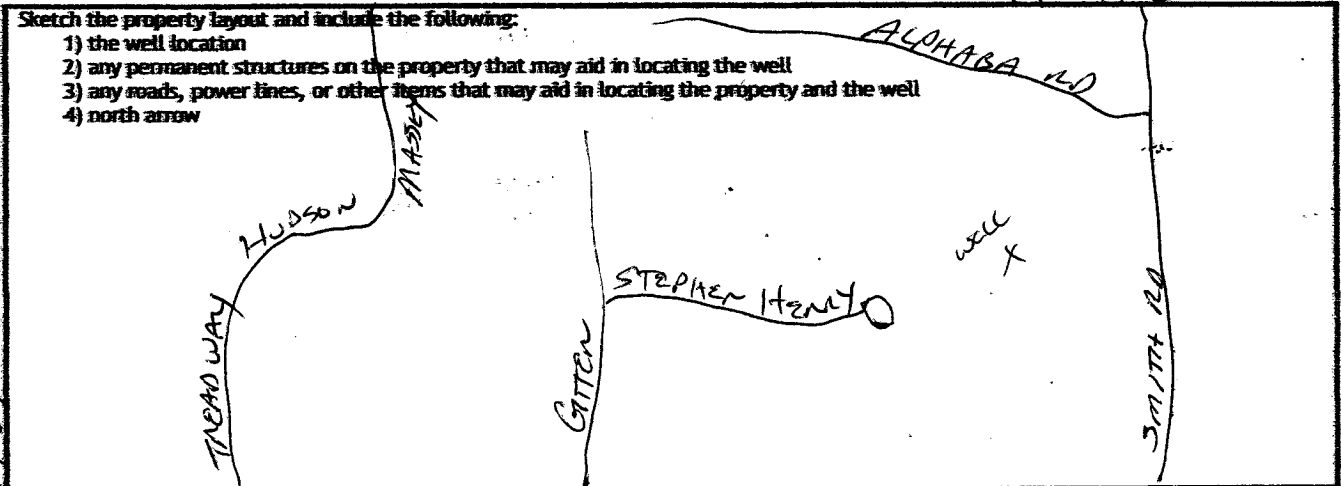
If well telescopes, show depths on sketch



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
WHITE CLAY	20	50
HOUSE WHITE SAND	50	95
ROCK	95	96
CRAY CITY	96	

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



Landowner Name: BEYAN KELLAN N

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 12-27-18 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1B (4/13)
 RECEIVED
 JAN 02 2019