

County: DE SOTO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 1-19-19

STATE WELL REPORT

Part 1

Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2389
 Jackson, MS 39225-2389
 (601)964-5210
 (601)368-6535 (fax)

324

For Office Use Only:
 Well #: M461
 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>RYAN FRANKS</u>	Latitude: <u>34° 47' 35.77</u> Longitude: <u>89° 47' 47.58</u>
Mailing Address: <u>10415 HUNTERS WALK</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>HERNANDO MS 38632</u>	<input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SE 1/4, Sec 26 T 35 R 6W</u>
Telephone No. <u>901 277-9156</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 1-19-19 Date drilling completed: 1-19-19 Hole depth: 155 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 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: 50 feet (above or below) land surface (circle one) Date measured: 1-19-19

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

Well depth: 155 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 145 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 145 feet to 155 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

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2389
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 368-8535 (fax)

County: DE SOTO
 Permit #: _____
 Driller: Bob Smith
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Well #: M461
 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>RYAN FRANKS</u>	Latitude: <u>34° 135.77</u> Longitude: <u>89° 47.58</u>
Mailing Address: <u>10415 HUMPHREYS WALK</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HERNANDO</u> <u>MS</u> <u>38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE ¼ SE ¼, Sec 26 T 35 R 6W</u>
Telephone No. <u>(901) 277-9156</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: 1-19-19 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: 1-19-19 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ 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): _____

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: RECEIVED

Meter Model Number/Name: _____ Type of Meter: FEB 15 2019

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

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.

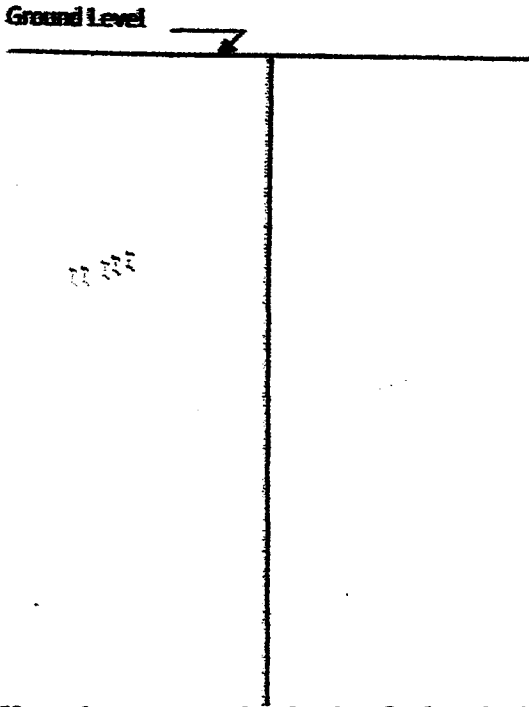
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bob Smith 0645 2/2/19 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: DECATUR
Permit #: _____

For Office Use Only:
Well #: M461

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



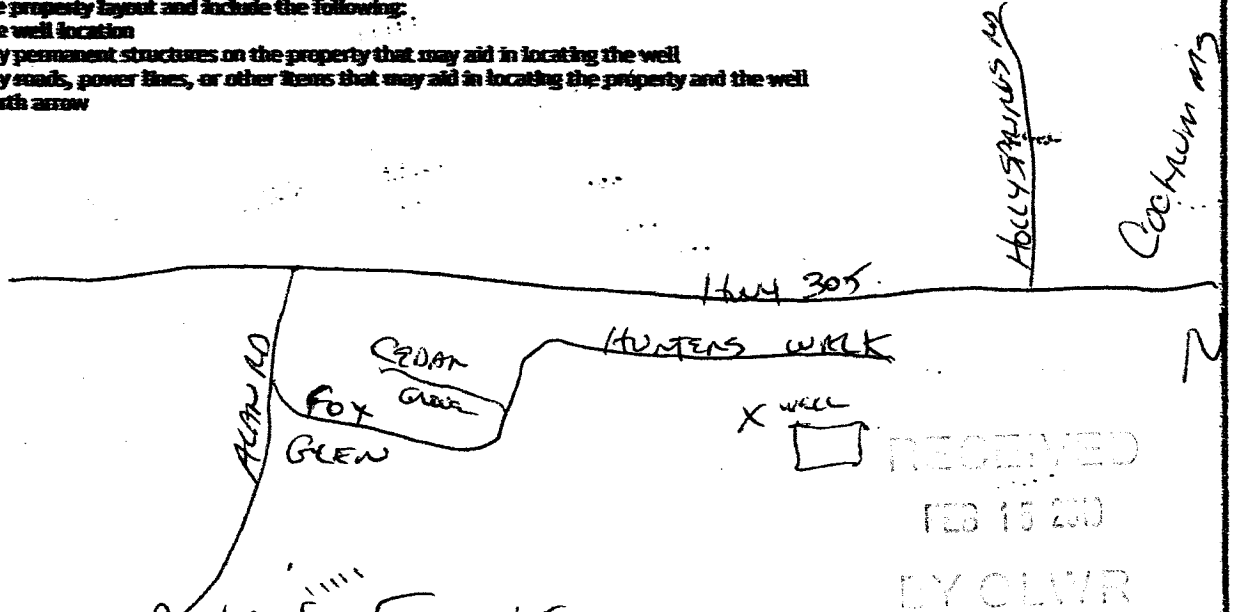
Description of formations encountered must be provided for all wells and boreholes unless specifically exempted by regulation

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
RED + YELLOW CLAY	5	18
RED SAND - CHARL	18	24
WHITE CLAY	34	70
WHITE SAND - CLAY	70	120
WHITE SAND	120	155

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



Landowner Name: RYAN FRANKS

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 2-12-15 [Signature]
Print Name of Responsible Licensee and License No. Date Signature of Licensee