

DeSoto

County: DAKSHALL
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 1-23-19

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)964-5216
 (601)368-8535 (fax)

329

For Office Use Only:
 Well #: M464
 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>KAWAY WEBB</u> Mailing Address: <u>127 MYERS RD</u> <u>BYHAMIA MS 38611</u> City State Zip Code Telephone No. <u>601 497-2482</u>		Latitude: <u>34° 51' 30.38</u> Longitude: <u>89° 44' 5.77</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE 1/4 NW 1/4, Sec 4 T 35 R 5W</u> _____ miles _____ of _____ (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 1-23-19 Date drilling completed: 1-23-19 Hole depth: 124 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: 54 feet (above or below) land surface (circle one) Date measured: 1-23-19

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

Well depth: 124 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement _____ Bedstone _____ Mix _____

Casing length: 114 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 114 feet to 124 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

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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: MARSHALL
 Permit #: _____
 Driller: Bob Smith
 Date completed: 1-23-19
Copy information from block on Part 1

For Office Use Only:

Well #: 19311 M464
 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>RAWON WEDS</u>	Latitude: <u>34°31'30.38</u> Longitude: <u>89°44'5.72</u>
Mailing Address: <u>127 MYERS M</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>RUHMANIA MS 38611</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NW 1/4, Sec 4 T 35 R 9W</u>
Telephone No. <u>906 497-2482</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: 1-23-19 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: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 1-23-19 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.

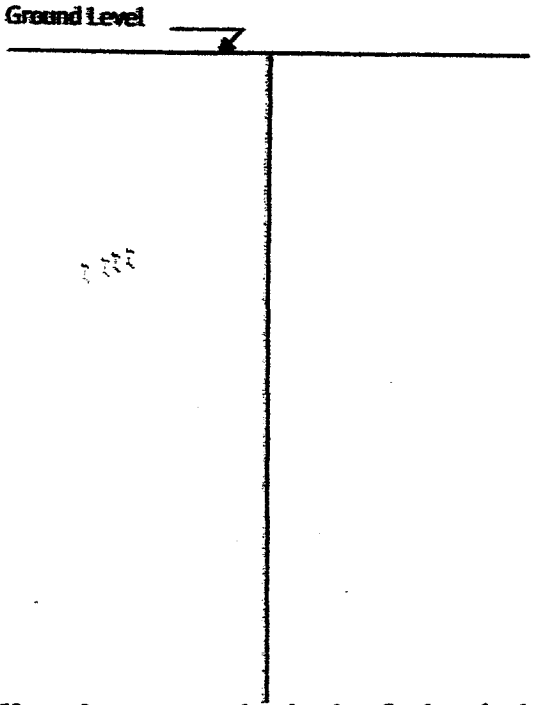
Bob Smith 0645 2-12-19 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: MARSHALL
 Permit #: _____

For Office Use Only:
 Well #: M464

The sketch below only required for water wells

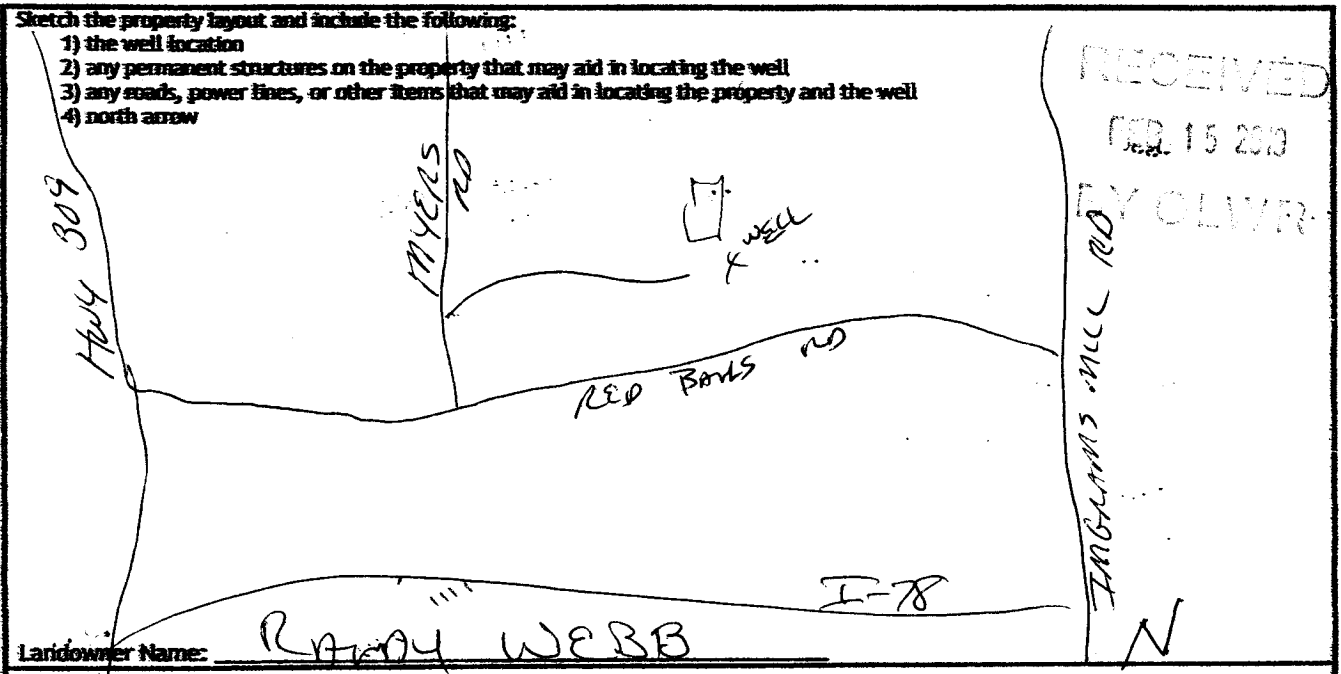
If well telescopes, show depths on sketch



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
BROWN Silt SAND	20	40
WHITE CLAY	40	80
SAND + CLAY	80	100
SAND	100	124

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



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 2-12-19 _____
 Print Name of Responsible Licensee and License No. Date Signature of Licensee