

STATE WELL REPORT

342

County: DCSOTO
 Permit #: _____
 Driller: ROB SMITH
 Date drilling completed: 3-21-20

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)954-5218
 (601)368-1535 (fax)

For Office Use Only:

Well #: M 566
 Aquifer: _____
 Ring #: _____

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>(Leave blank if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>JEREMY REED</u>	Latitude: <u>34° 21' 27.02"</u> Longitude: <u>89° 25' 67.60"</u>
Mailing Address: <u>5411 ALPHABA</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hennando MS 38632</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 32 T 35 R 6W</u>
Telephone No. <u>901 268 2559</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 3-21-20 Date drilling completed: 3-21-20 Hole depth: 160 Hole diameter: 8"

Location of the source of any surface water used for drilling: _____

Method of casing and volume of Chlorine used in drilling and development: 5 PPM

Log 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, enter the number of this log on next 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: 80 feet above or below land surface Date measured: 3-21-20
(circle one)

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

Well depth: 160 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/2 TYPUS inches Setting depth: From 150 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of top pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

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STATE WELL REPORT

County: DE SOTO
 Permit #: _____
 Driller: Bob Smith
 Date completed: 3-21-20
Copy information from block on Part 1

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) 964-5210
 (601) 368-0535 (fax)

For Office Use Only:

Well #: M 566
 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>JEREMY REED</u>	Latitude: <u>34° 17' 87.02</u> Longitude: <u>89° 25' 67.60</u>
Mailing Address: <u>5411 ALPHABA</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>HERNAND MS 38632</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4, Sec. 32 T 35 R 6W</u>
Telephone No. <u>(901) 268-2559</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: 3-21-20 Rated Pump Capacity: 20 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: 1 1/2 Setting Depth: 100 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 3-21-20 Duration of Pump Test (minimum 4 hours): _____ hours

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

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 25 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 _____ 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 (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

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.

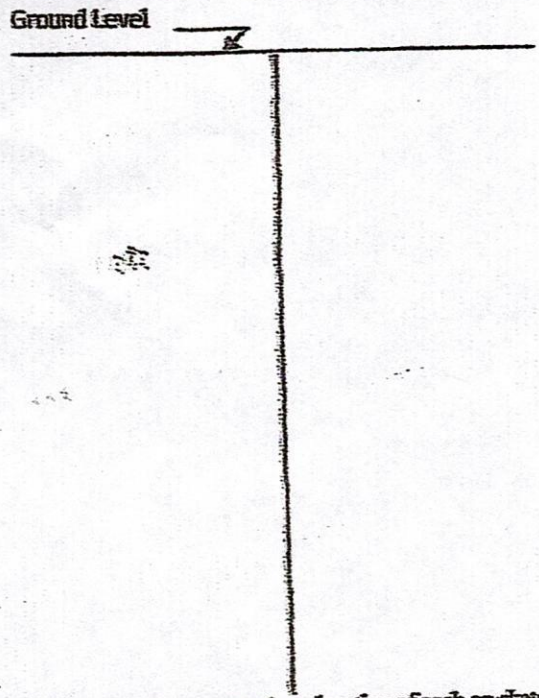
BOB SMITH 0645 5-27-20 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

County: DESO TO
 Permit #: _____

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

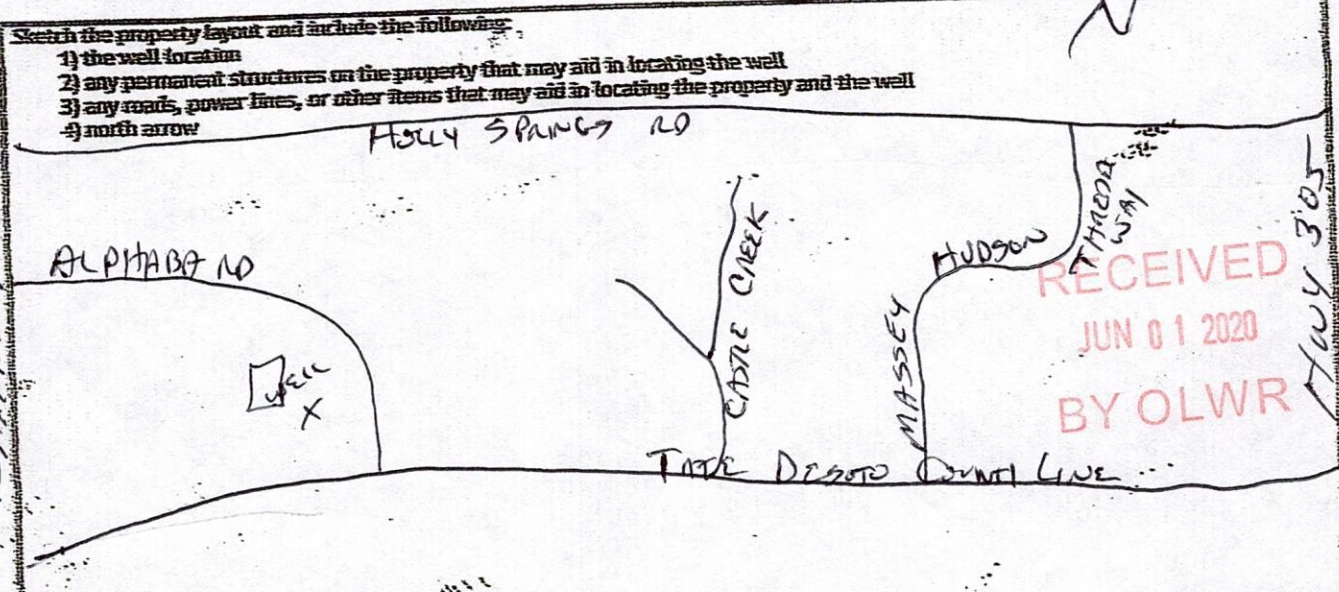
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	18
GRAVEL	18	40
WHITE CLAY	40	75
WHITE SAND-CLAY	75	110
WHITE SAND	110	160

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



Landowner Name: JEREMY REED

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.

Print Name of Responsible Licensee and License No. BOB SMITH 0-645

Date 5-27-20

Signature of Licensee *[Signature]*