

STATE WELL REPORT

347

County: Desoto
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 1-16-21

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)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: M 568
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Pentau Construction</u>	Latitude: <u>34°48'0.16</u> Longitude: <u>89°50' 0.49</u>
Mailing Address: <u>4147 CHARLESTON</u> <u>Ave</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hammond MS 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>NE</u> ¼, Sec. <u>28</u> T. <u>3S</u> R. <u>6W</u>
Telephone No. <u>(901) 517-2044</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 1-16-21 Date drilling completed: 1-16-20 Hole depth: 135 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 (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check 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 (check 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: 55 feet above or below land surface Date measured: 1-16-21

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MAR 02 2021
BY OLWR

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

Well depth: 135 Well grouted to a depth of: 10 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 to 15 inches Setting depth: From 105 feet to 135 feet

Type of completion (check 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 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: M 568
 Aquifer: _____

County: DE SOTO
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 1-16-21
 Copy information from block on Part 1

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>PENTON CONSTRUCTION</u>	Latitude: <u>34°48'0.16</u> Longitude: <u>89°50'0.49</u>
Mailing Address: <u>4147 CHARLESTON PLACE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HERNANDO MS. 38632</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW</u> ¼ <u>NE</u> ¼, Sec <u>28</u> T <u>3S</u> R <u>6W</u>
Telephone No. <u>(901) 517-2044</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (check one)

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

Date Pump Installed: 1-16-21 Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 3/4 Setting Depth: 100 feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 1-16-21 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 15 Gallons Per Minute

Method of measurement (check 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: **RECEIVED**

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ **MAR 02 2021**

Installation Date: _____ Meter installed by: _____ **BY OLWR**

Is This Meter (check 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.

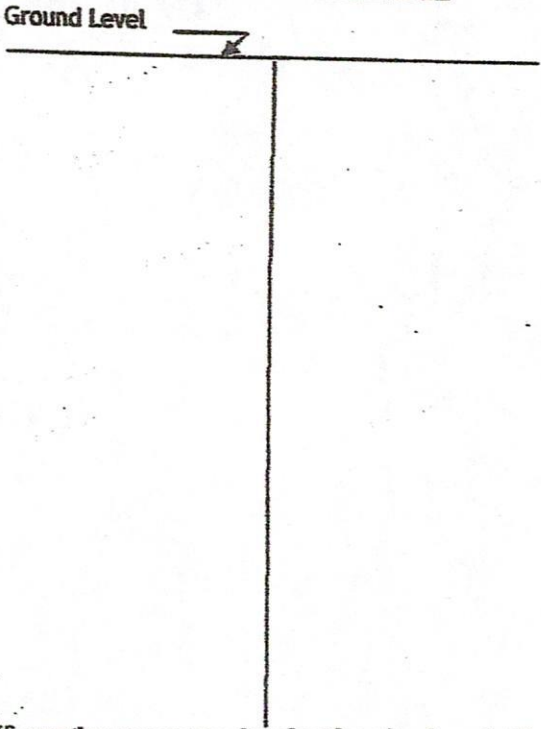
BOB SMITH 0-645 2-13-21 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-2A (4/13)

County: DE SOTO
 Permit #: _____

For Office Use Only:
 Well #: _____

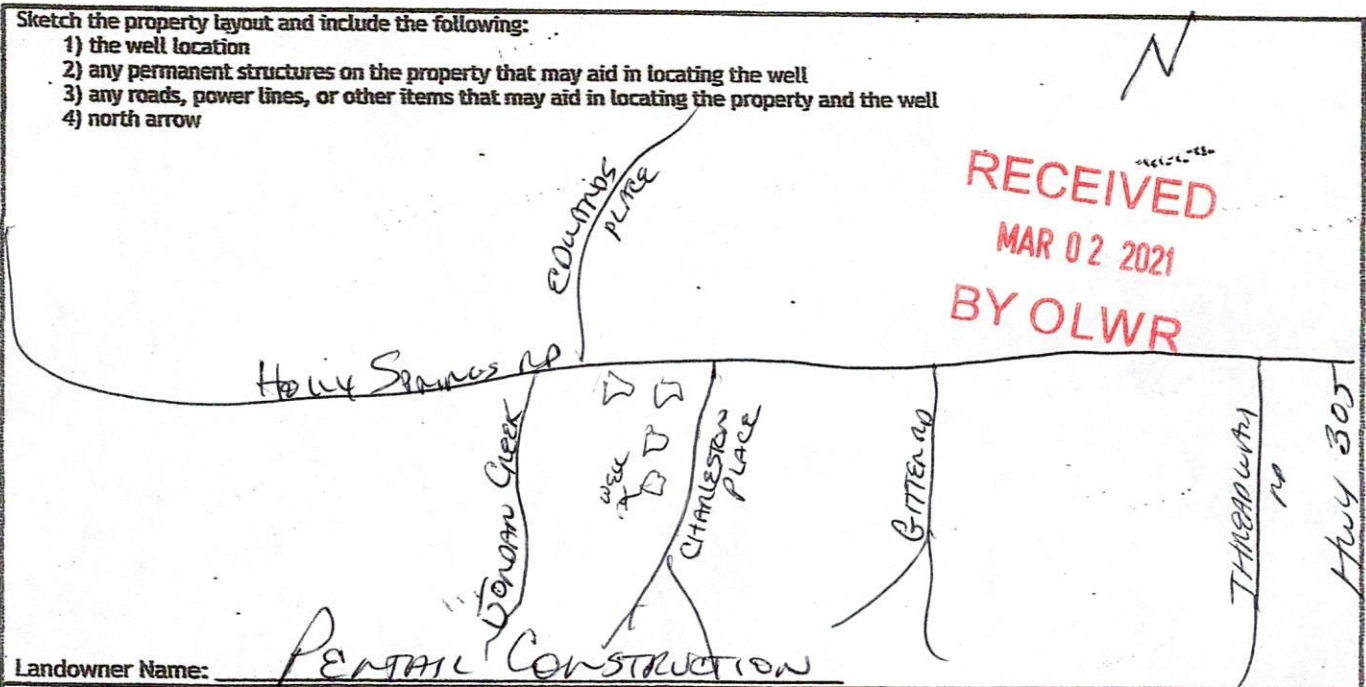
*The sketch below only required for water wells
 If well telescopes, show depths on sketch.*



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

Description of Formations Encountered	From (depth) Ground level	To (depth)
TOP SOIL	0	5
BROWN CLAY	5	20
REDDISH SAND	20	60
WHITE CLAY + SAND	60	110
HARD WHITE SAND	110	120
LOOSE COARSE SAND	120	135

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



Landowner Name: PENTACON CONSTRUCTION

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 2-13-21 [Signature]
 Print Name of Responsible Licensee and License No. Date Signature of Licensee