370

Franklin

County: Pike

Permit #:

Driller: James M. Wells

Date drilling completed: 11·10·21

STATE WELL REPORT

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)961-5210
(601)360-0535 (fax)

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D 40

For Office Use Only:
Well #:
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)

Owner Name: KD Land Holdings

Mailing Address: 4323 french Village Ave

Baton Rouge (City) LA (State) 70809 (Zip Code)

Telephone No. (____) ____

Well or Borehole Location

Latitude: 31°31'26N Longitude: 90°45'25"W

Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____

SE ¼ SE ¼, Sec 36 T 7N R 4E

____ Miles (*Distance*) ____ (*Direction*) of ____ (*Nearest Town*)

Well / Borehole Data

Date drilling started: 11·10·21 Date drilling completed: 11·10·21 Hole depth: 70 Hole diameter: 8in

Location of the source of any surface water used for drilling: running creek water

Method of dosing and volume of Chlorine used in drilling and development: granule chlorine

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: 35 feet [above or (below)] land surface (*circle one*) Date measured: 11·10·21

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

Well depth: 70 Well grouted to a depth of: 10 feet Type of grout (*circle one*): (Neat Cement) Bentonite Mix

Casing length: 50 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 50 feet to 70 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

County: Pike

Permit #: _____

For Office Use Only:

Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

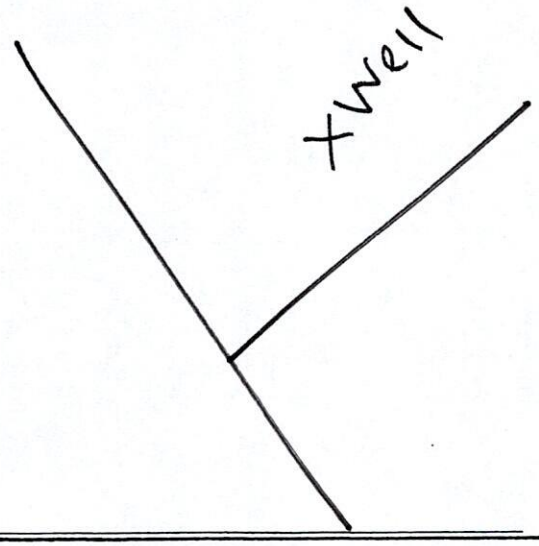
If more than one screen, show location of each on sketch

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*)
	Ground level	
top Soil	0	2
clay	2	30
Sand=gravel	30	70

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: _____

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.

James M. Wells 00005889 11·10·21 James M. Wells

Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form: OLWR-SWR-1A (4/13)

Franklin

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: Pike
Permit #:
Driller: James M. Wells
Date completed:
Copy information from block on Part 1

For Office Use Only:
Well #: D 40
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

Owner Name: KD Land Holdings
Mailing Address: 4323 French Village Ave.
Baton Rouge LA 70809
City State Zip Code
Telephone No. (____)

Well Location

Latitude: 31°31'26"N Longitude: 90°45'25"W
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
SE ¼ SE ¼, Sec 36 T 7N R 4E
____ 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: 11·10·21 Rated Pump Capacity: 18 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: 1.5hp Setting Depth: ____ feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 11·10·21 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 35 Feet Below Land Surface Pumping Water Level (B): 45 Feet Below Land Surface
Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 10 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.

James M. Wells 00005889 — Print Name of Pump Installer and License No. (*if applicable*)
11·10·21 — Date
James M. Wells — Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)