

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)

For Office Use Only:

Well #: M 232
Aquifer: _____
E-Log #: _____

County: George
Permit #: _____
Driller: Michael S. Havard
Date drilling completed: 11-23-2016

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>Jean Bexley</u>	Latitude: <u>30°48'23.68"</u> Longitude: <u>88°28'22.38"</u>
Mailing Address: <u>2239 New Hope Church Road</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Lucedale</u> MS <u>39453</u>	<u>SE 1/4 SW 1/4, Sec 3</u> ✓ T <u>T3S</u> ✓ R <u>R5W</u>
City State Zip Code	<u>3</u> Miles <u>East</u> of <u>Agricola</u> (Distance) (Direction) (Nearest Town)
Telephone No. (601) <u>508-2534</u>	

Well / Borehole Data
Date drilling started: <u>11-23-2016</u> Date drilling completed: <u>11-23-2016</u> Hole depth: <u>75'</u> Hole diameter: <u>4.25"</u>
Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one) <u>Water Well</u> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>52'</u> feet [above or <u>below</u> land surface] (circle one) Date measured: <u>11-23-2016</u>
Method of measurement (circle one) <u>Steel tape</u> Electric tape Air line Other (describe): _____
Well depth: <u>75'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>
Casing length: <u>65'</u> feet Casing diameter: <u>2"</u> inches Type of casing: <u>PVC 540 BE</u>
Screen length: <u>10'</u> feet Screen diameter: <u>2"</u> inches Type of screen: <u>PVC WOP</u>
Screen slot size: <u>.608</u> inches Setting depth: From <u>65'</u> feet to <u>75'</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Open hole Natural Development Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

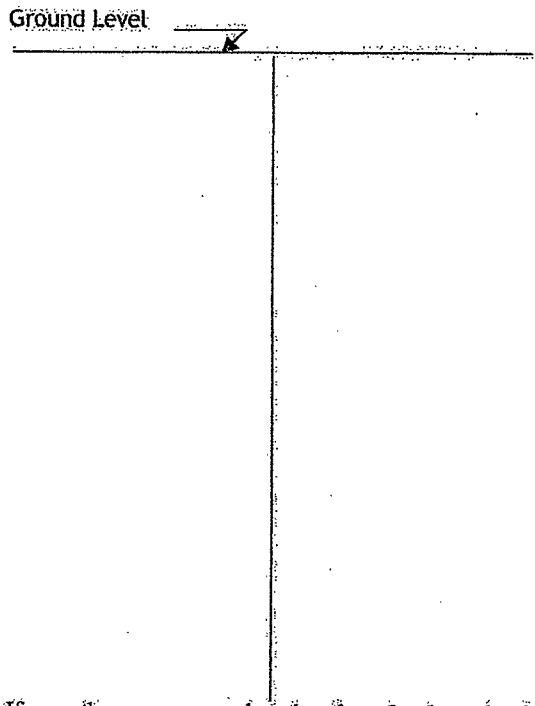
County: _____
 Permit #: _____

For Office Use Only:
 Well #: M232

The sketch below only required for water wells

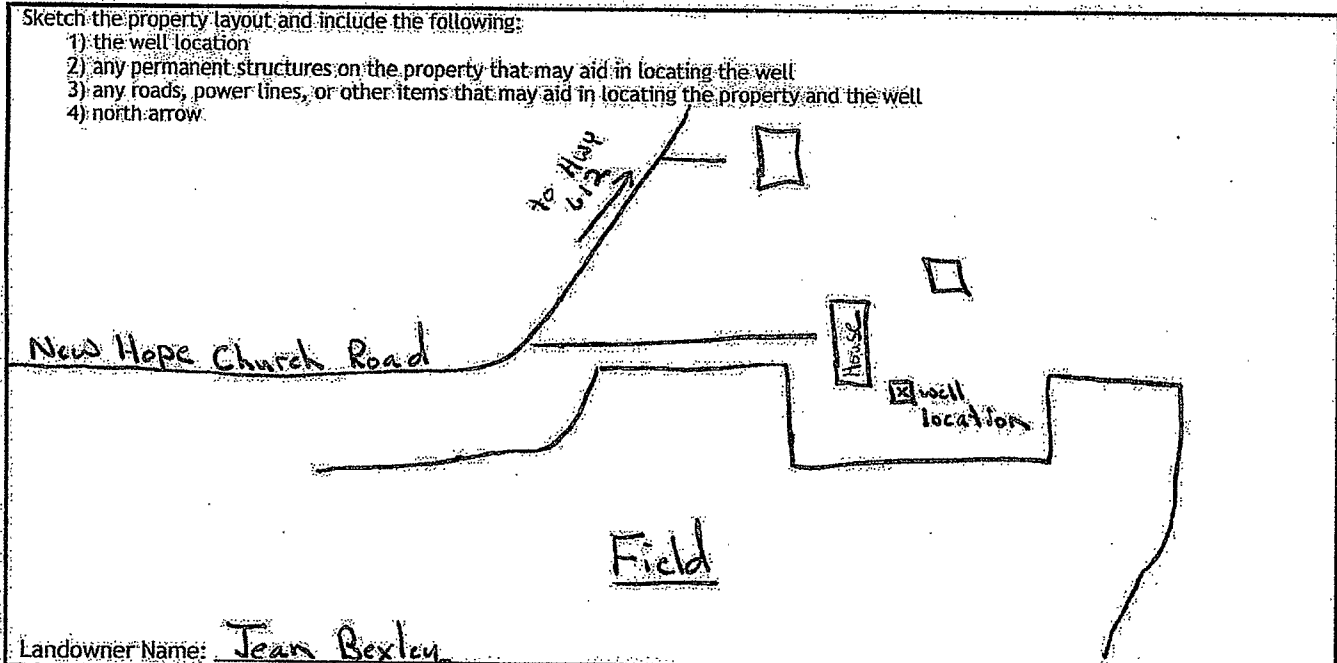
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground level	To (depth)
Top sand		12'
Sand	12'	30'
Clay	30'	40'
Clay	40'	58'
Sand	58'	75'

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



Landowner Name: Jean Bexley

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.

Michael S. Harvard 0-693 12-05-2016

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

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: George
 Permit #: _____
 Driller: Michael S. Havard
 Date completed: 11-23-2016
Copy information from block on Part 1

For Office Use Only:

Well #: M232
 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>Jean Bexley</u>	Latitude: <u>35° 48' 33.68"</u> Longitude: <u>98° 28' 22.38"</u>
Mailing Address: <u>2239 New Hope Church Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lucedale</u> MS <u>39452</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 3 T35 R5W</u>
Telephone No. (601) <u>508-2534</u>	<u>3</u> Miles <u>East</u> of <u>Agricola</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11-23-2016 Rated Pump Capacity: 8 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 Setting Depth: 67' feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 11-23-2016 Duration of Pump Test (minimum 4 hours): 4.5 hours

Static Water Level (A): 52' Feet Below Land Surface Pumping Water Level (B): 65' Feet Below Land Surface

Drawdown [(B) - (A)]: 13' Feet Below Land Surface Test Pumping Rate: 8 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.

Michael S. Havard 0-673 11-05-2016 _____
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

WELL DEPTH 75'
STATIC LEVEL 52'
JET DEPTH 67'



16041
Feature 1
MS T3S R5W

Canada Earth